

**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

WOMENCOUNT PAC

ADDRESS (number and street)

393 7TH AVENUE, SUITE 301

Check if different
than previously
reported. (ACC)

SAN FRANCISCO

CA

94118

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00450098

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Mason, Stacy, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Mason, Stacy, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 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)

Page 2

Write or Type Committee Name

WOMENCOUNT PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2017		4706.06
(b) Cash on Hand at Beginning of Reporting Period.....	19271.42	
(c) Total Receipts (from Line 19)	74053.20	374239.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	93324.62	378946.03
7. Total Disbursements (from Line 31).....	74471.39	360011.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	18853.23	18853.23
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)	14431.57	

☒ 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. 05/2016)

Page 3

Write or Type Committee Name

WOMENCOUNT PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
08	/	01	/	2017

To:

M M	/	D D	/	Y Y Y Y Y Y
08	/	31	/	2017

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).....

71145.00

360410.10

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

71145.00

360410.10

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

2908.20

13815.40

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5)

74053.20

374225.50

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

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

0.00

14.47

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))

74053.20

374239.97

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

74053.20

374239.97

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1766.39	14616.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1766.39	14616.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72705.00	345107.22
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	272.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	15.09
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	287.79
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)) ..	74471.39	360011.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74471.39	360011.20

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)	74053.20	374225.50
34. Total Contribution Refunds (from Line 28(d))	0.00	287.79
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	74053.20	373937.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1766.39	14616.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1766.39	14616.19

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

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

FOR LINE NUMBER: PAGE 6 OF 133

(check only one)

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

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

NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. KATZ, NANCY, , ,

Mailing Address 936 SCOTT STREET

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AIM FUNDS

Occupation (for Individual)

MANAGING DIRECTOR

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2017

Transaction ID : INCA13750

Amount of Each Receipt this Period

1050.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. RELLER, MISSY, , ,

Mailing Address 358 ADDISON AVENUE

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

COMMUNITY VOLUNTEER

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2017

Transaction ID : INCA13752

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

C. SCHIRESON, GRACE JILL, , ,

Mailing Address 735 DOLORES STREET

City

STANFORD

State

CA

Zip Code

94305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED, SAME NAME

Occupation (for Individual)

PSYCHOLOGIST

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2017

Transaction ID : INCA13751

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

3050.00

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 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. ZACK, DIANE, , ,

Mailing Address 40 ROCK ROAD

City
KENTFIELD

State
CA

Zip Code
94904

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

COMMUNITY VOLUNTEER ACTIVIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2017

Transaction ID : INCA13753

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. GODFREY, TERRY, , ,

Mailing Address 223 OXFORD AVENUE

City
PALO ALTO

State
CA

Zip Code
94306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED, SAME NAME

Occupation (for Individual)

FINANCIAL CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2017

Transaction ID : INCA13747

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

C. GODFREY, TERRY, , ,

Mailing Address 223 OXFORD AVENUE

City
PALO ALTO

State
CA

Zip Code
94306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED, SAME NAME

Occupation (for Individual)

FINANCIAL CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2017

Transaction ID : INCA13748

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELECTING WOMEN BAY AREA

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

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

3000.00

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 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. NICHOLSON, ALEXANDRA, , ,

Mailing Address 78 WOODLAND AVE.

City
SAN FRANCISCO

State
CA

Zip Code
94117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 02 / 2017

Transaction ID : INCA13749

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. CAMPBELL, SAMANTHA, , ,

Mailing Address 2950 DEER MEADOW DRIVE

City
DANVILLE

State
CA

Zip Code
94506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
STYLE CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 03 / 2017

Transaction ID : INCA13745

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

C. FRANTZ, MARIA, , ,

Mailing Address 870 VISTA ROAD

City
HILLSBOROUGH

State
CA

Zip Code
94010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HAT TRICK COMMUNICATIONS, LLC

Occupation (for Individual)
MARKETING CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 03 / 2017

Transaction ID : INCA13746

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 9 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. ACREE, LISA, , ,

Mailing Address 701 RHODE ISLAND ST

City
SAN FRANCISCO

State
CA

Zip Code
94107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2005.00

Date of Receipt

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

Transaction ID : INCA13740

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. ACREE, LISA, , ,

Mailing Address 701 RHODE ISLAND ST

City
SAN FRANCISCO

State
CA

Zip Code
94107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2005.00

Date of Receipt

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

Transaction ID : INCA13741

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. LAFETRA, SUZANNE, , ,

Mailing Address 1600 EUCLID AVE.

City
BERKELEY

State
CA

Zip Code
94709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
WRITER/FILMMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1590.00

Date of Receipt

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

Transaction ID : INCA13743

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1505.00

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 10 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. LAFETRA, SUZANNE, , ,

Mailing Address 1600 EUCLID AVE.

City
BERKELEY

State
CA

Zip Code
94709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
WRITER/FILMMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1590.00

Date of Receipt

MM / DD / YYYY
08 / 08 / 2017

Transaction ID : INCA13742

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. MASON, STACY, , ,

Mailing Address 839 MELVILLE AVENUE

City
PALO ALTO

State
CA

Zip Code
94301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WOMENCOUNT

Occupation (for Individual)
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4215.18

Date of Receipt

MM / DD / YYYY
08 / 08 / 2017

Transaction ID : INCA13744

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

C. WHITNEY, LORI, , ,

Mailing Address 2040 FRANKLIN STREET APT 1205

City
SAN FRANCISCO

State
CA

Zip Code
94109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MORGAN STANLEY

Occupation (for Individual)
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
08 / 09 / 2017

Transaction ID : INCA13739

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 11 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. KRAUSHAAR, ARLENE, , ,

Mailing Address PO BOX 2053

City
HEALDSBURG

State
CA

Zip Code
95448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOMEBRIDGE FINANCIAL SERVICES

Occupation (for Individual)
MORTGAGE LENDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2017

Transaction ID : INCA13724

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. SCHIFFLER, BARBARA, , ,

Mailing Address 106 2ND ST

City
ENCINITAS

State
CA

Zip Code
92024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2017

Transaction ID : INCA13738

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: DR. TRAN FOR CONGRESS

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

C. SCHIFFLER, BARBARA, , ,

Mailing Address 106 2ND ST

City
ENCINITAS

State
CA

Zip Code
92024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2017

Transaction ID : INCA13732

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FINKENAUER FOR CONGRESS

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

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

1010.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 OF 133

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. SCHIFFLER, BARBARA, , ,

Mailing Address 106 2ND ST

City
ENCINITAS

State
CA

Zip Code
92024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2017

Transaction ID : INCA13733

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: CHRISSY HOULAHAN FOR CONGRESS

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

B. SCHIFFLER, BARBARA, , ,

Mailing Address 106 2ND ST

City
ENCINITAS

State
CA

Zip Code
92024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2017

Transaction ID : INCA13734

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: VICKI JENSEN FOR CONGRESS

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

C. SCHIFFLER, BARBARA, , ,

Mailing Address 106 2ND ST

City
ENCINITAS

State
CA

Zip Code
92024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2017

Transaction ID : INCA13737

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: SUE SULLIVAN FOR CONGRESS

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

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

15.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 OF 133

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. SCHIFFLER, BARBARA, , ,

Mailing Address 106 2ND ST

City
ENCINITAS

State
CA

Zip Code
92024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2017

Transaction ID : INCA13736

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: KATIE PORTER FOR CONGRESS

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

B. SCHIFFLER, BARBARA, , ,

Mailing Address 106 2ND ST

City
ENCINITAS

State
CA

Zip Code
92024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2017

Transaction ID : INCA13735

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: LISA MANDELBLATT FOR CONGRESS

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

C. VON PEIN, MARGRETA, , ,

Mailing Address 118 LA SONOMA WAY

City
ALAMO

State
CA

Zip Code
94507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2017

Transaction ID : INCA13725

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FINKENAUER FOR CONGRESS

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

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

15.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. VON PEIN, MARGRETA, , ,

Mailing Address 118 LA SONOMA WAY

City
 ALAMO

State
 CA

Zip Code
 94507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 NONE

Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

08 / **10** / **2017**

Transaction ID : INCA13726

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: CHRISSY HOULAHAN FOR CONGRESS

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

Mailing Address 118 LA SONOMA WAY

City
 ALAMO

State
 CA

Zip Code
 94507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 NONE

Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

08 / **10** / **2017**

Transaction ID : INCA13729

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: KATIE PORTER FOR CONGRESS

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

Mailing Address 118 LA SONOMA WAY

City
 ALAMO

State
 CA

Zip Code
 94507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 NONE

Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

35.00

Date of Receipt

08 / **10** / **2017**

Transaction ID : INCA13728

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: LISA MANDELBLATT FOR CONGRESS

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

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

15.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 133
(check only one)

<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)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. VON PEIN, MARGRETA, , ,

Mailing Address 118 LA SONOMA WAY

City ALAMO	State CA	Zip Code 94507
---------------	-------------	-------------------

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)
 NONE

Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

08 / 10 / 2017

Transaction ID : INCA13731

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: DR. TRAN FOR CONGRESS

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

Mailing Address 118 LA SONOMA WAY

City ALAMO	State CA	Zip Code 94507
---------------	-------------	-------------------

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)
 NONE

Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

08 / 10 / 2017

Transaction ID : INCA13730

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: SUE SULLIVAN FOR CONGRESS

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

Mailing Address 118 LA SONOMA WAY

City ALAMO	State CA	Zip Code 94507
---------------	-------------	-------------------

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)
 NONE

Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

35.00

Date of Receipt

08 / 10 / 2017

Transaction ID : INCA13727

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: VICKI JENSEN FOR CONGRESS

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

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

15.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. BENNETT, SHIRLEY, , ,

Mailing Address 1585 TERRACE WAY, #325

City
SANTA ROSA

State
CA

Zip Code
95404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2017

Transaction ID : INCA13716

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. MONAGHAN, MARGARET. R, , ,

Mailing Address POB 131402

City
BIRMINGHAM

State
AL

Zip Code
35213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2017

Transaction ID : INCA13717

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FINKENAUER FOR CONGRESS

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

C. MONAGHAN, MARGARET. R, , ,

Mailing Address POB 131402

City
BIRMINGHAM

State
AL

Zip Code
35213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2017

Transaction ID : INCA13718

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: CHRISSY HOULAHAN FOR CONGRESS

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

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

1010.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. MONAGHAN, MARGARET. R. , ,

Mailing Address POB 131402

City
BIRMINGHAM

State
AL

Zip Code
35213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 11 / 2017

Transaction ID : INCA13721

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: KATIE PORTER FOR CONGRESS

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

B. MONAGHAN, MARGARET. R. , ,

Mailing Address POB 131402

City
BIRMINGHAM

State
AL

Zip Code
35213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 11 / 2017

Transaction ID : INCA13720

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: LISA MANDELBLATT FOR CONGRESS

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

C. MONAGHAN, MARGARET. R. , ,

Mailing Address POB 131402

City
BIRMINGHAM

State
AL

Zip Code
35213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 11 / 2017

Transaction ID : INCA13722

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: SUE SULLIVAN FOR CONGRESS

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

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

15.00

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

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FOR LINE NUMBER: PAGE 18 OF 133

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. MONAGHAN, MARGARET. R. , ,

Mailing Address POB 131402

City
BIRMINGHAM

State
AL

Zip Code
35213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2017

Transaction ID : INCA13723

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: DR. TRAN FOR CONGRESS

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

B. MONAGHAN, MARGARET. R. , ,

Mailing Address POB 131402

City
BIRMINGHAM

State
AL

Zip Code
35213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2017

Transaction ID : INCA13719

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: VICKI JENSEN FOR CONGRESS

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

C. TOMLINSON, KELLI, , ,

Mailing Address 436 LINCOLN AVENUE

City
PALO ALTO

State
CA

Zip Code
94301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
VOLUNTEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2017

Transaction ID : INCA13715

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

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

1010.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 133

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. SPRINGER, CONNIE F, , ,

Mailing Address 1642 NOREEN DRIVE

City
SAN JOSE

State
CA

Zip Code
95124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 12 / 2017

Transaction ID : INCA13702

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: CHRISSY HOULAHAN FOR CONGRESS

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

B. SPRINGER, CONNIE F, , ,

Mailing Address 1642 NOREEN DRIVE

City
SAN JOSE

State
CA

Zip Code
95124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 12 / 2017

Transaction ID : INCA13701

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FINKENAUER FOR CONGRESS

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

C. SPRINGER, CONNIE F, , ,

Mailing Address 1642 NOREEN DRIVE

City
SAN JOSE

State
CA

Zip Code
95124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

145.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 12 / 2017

Transaction ID : INCA13703

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: VICKI JENSEN FOR CONGRESS

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

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

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 20 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. SPRINGER, CONNIE F, , ,

Mailing Address 1642 NOREEN DRIVE

City
SAN JOSEState
CAZip Code
95124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 12 / 2017

Transaction ID : INCA13705

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: KATIE PORTER FOR CONGRESS

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

B. SPRINGER, CONNIE F, , ,

Mailing Address 1642 NOREEN DRIVE

City
SAN JOSEState
CAZip Code
95124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 12 / 2017

Transaction ID : INCA13706

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: SUE SULLIVAN FOR CONGRESS

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

C. SPRINGER, CONNIE F, , ,

Mailing Address 1642 NOREEN DRIVE

City
SAN JOSEState
CAZip Code
95124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

145.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 12 / 2017

Transaction ID : INCA13707

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: DR. TRAN FOR CONGRESS

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

15.00

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

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FOR LINE NUMBER: PAGE 21 OF 133

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. SPRINGER, CONNIE F, , ,

Mailing Address 1642 NOREEN DRIVE

City
SAN JOSE

State
CA

Zip Code
95124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 12 / 2017

Transaction ID : INCA13704

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: LISA MANDELBLATT FOR CONGRESS

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

B. THOMSON, MARIA, , ,

Mailing Address 73 DUNHAMTOWN PALMER RD

City
BRIMFIELD

State
MA

Zip Code
01010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 12 / 2017

Transaction ID : INCA13709

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: CHRISSY HOULAHAN FOR CONGRESS

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

C. THOMSON, MARIA, , ,

Mailing Address 73 DUNHAMTOWN PALMER RD

City
BRIMFIELD

State
MA

Zip Code
01010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 12 / 2017

Transaction ID : INCA13708

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: FINKENAUER FOR CONGRESS

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

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

25.00

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

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

FOR LINE NUMBER: PAGE 22 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. THOMSON, MARIA, , ,

Mailing Address 73 DUNHAMTOWN PALMER RD

City
BRIMFIELD

State
MA

Zip Code
01010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

08 / 12 / 2017

Transaction ID : INCA13711

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: LISA MANDELBLATT FOR CONGRESS

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

B. THOMSON, MARIA, , ,

Mailing Address 73 DUNHAMTOWN PALMER RD

City
BRIMFIELD

State
MA

Zip Code
01010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

08 / 12 / 2017

Transaction ID : INCA13713

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: SUE SULLIVAN FOR CONGRESS

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

C. THOMSON, MARIA, , ,

Mailing Address 73 DUNHAMTOWN PALMER RD

City
BRIMFIELD

State
MA

Zip Code
01010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

70.00

Date of Receipt

08 / 12 / 2017

Transaction ID : INCA13712

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: KATIE PORTER FOR CONGRESS

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 23 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. THOMSON, MARIA, , ,

Mailing Address 73 DUNHAMTOWN PALMER RD

City
BRIMFIELD

State
MA

Zip Code
01010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

08 / 12 / 2017

Transaction ID : INCA13710

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: VICKI JENSEN FOR CONGRESS

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

B. THOMSON, MARIA, , ,

Mailing Address 73 DUNHAMTOWN PALMER RD

City
BRIMFIELD

State
MA

Zip Code
01010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

08 / 12 / 2017

Transaction ID : INCA13714

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: DR. TRAN FOR CONGRESS

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

C. DRAZAN, ERIKA, , ,

Mailing Address 800 CONCAR DRIVE, SUITE 100

City
SAN MATEO

State
CA

Zip Code
94402

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PALO ALTO MEDICAL FOUNDATION

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2017

Transaction ID : INCA13700

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

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

1020.00

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

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

FOR LINE NUMBER: PAGE 24 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. HSHIAO, JANE, , ,

Mailing Address 348 S GORDON WAY

City
LOS ALTOS

State
CA

Zip Code
94022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 14 / 2017

Transaction ID : INCA13698

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. HSHIAO, JANE, , ,

Mailing Address 348 S GORDON WAY

City
LOS ALTOS

State
CA

Zip Code
94022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 14 / 2017

Transaction ID : INCA13699

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. PEARL, AMY, , ,

Mailing Address 555 S EL MONTE AVENUE

City
LOS ALTOS

State
CA

Zip Code
94022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACORN FINANCIAL PLANNING

Occupation (for Individual)
INVESTMENT ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2017

Transaction ID : INCA13696

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

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

2005.00

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

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

FOR LINE NUMBER: PAGE 25 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. ROYER, LYNNE, , ,

Mailing Address 2 HILLCREST DRIVE

City
ORINDA

State
CA

Zip Code
94563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LOOMIS SAYLES

Occupation (for Individual)
PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2017

Transaction ID : INCA13697

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. BRODY, SARA, , ,

Mailing Address 81 THE PLAZA DRIVE

City
BERKELEY

State
CA

Zip Code
94705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SIDLEY AUSTIN LLP

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2017

Transaction ID : INCA13694

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

C. CHANTER, PAMELA, , ,

Mailing Address 1646 DEER RUN

City
SANTA ROSA

State
CA

Zip Code
95405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VANTREO

Occupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2017

Transaction ID : INCA13695

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

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

3000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. EVERETT, LESLIE, , ,

Mailing Address 5400 WALLACE CREEK ROAD

City
HEALDSBURG

State
CA

Zip Code
95448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2017

Transaction ID : INCA13693

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. LIDDLE, LISA, , ,

Mailing Address 15930 WEST RD

City
LOS GATOS

State
CA

Zip Code
95030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2005.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2017

Transaction ID : INCA13692

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

C. LONGTIN, MARGUERITE, , ,

Mailing Address 5100 VINE HILL ROAD

City
SEBASTOPOL

State
CA

Zip Code
95472

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
DRESSMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2017

Transaction ID : INCA13691

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

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

3000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. ARCH, AMANDA, , ,

Mailing Address 875 INDIANA ST, UNIT 515

City
SAN FRANCISCO

State
CA

Zip Code
94107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KASHA

Occupation (for Individual)
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 17 / 2017

Transaction ID : INCA13689

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. COHEN, TOD, , ,

Mailing Address 839 MELVILLE AVENUE

City
PALO ALTO

State
CA

Zip Code
94301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STUBHUB

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6200.00

Date of Receipt

08 / 17 / 2017

Transaction ID : INCA13686

Amount of Each Receipt this Period

100.00

☐ Memo Item

ERMK: DR. TRAN FOR CONGRESS

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

C. COHEN, TOD, , ,

Mailing Address 839 MELVILLE AVENUE

City
PALO ALTO

State
CA

Zip Code
94301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STUBHUB

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6200.00

Date of Receipt

08 / 17 / 2017

Transaction ID : INCA13681

Amount of Each Receipt this Period

100.00

☐ Memo Item

ERMK: CHRISSY HOULAHAN FOR CONGRESS

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 28 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. COHEN, TOD, , ,

Mailing Address 839 MELVILLE AVENUE

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

STUBHUB

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2017

Transaction ID : INCA13682

Amount of Each Receipt this Period

100.00

☐ Memo Item

ERMK: VICKI JENSEN FOR CONGRESS

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

B. COHEN, TOD, , ,

Mailing Address 839 MELVILLE AVENUE

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

STUBHUB

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2017

Transaction ID : INCA13683

Amount of Each Receipt this Period

100.00

☐ Memo Item

ERMK: LISA MANDELBLATT FOR CONGRESS

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

C. COHEN, TOD, , ,

Mailing Address 839 MELVILLE AVENUE

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

STUBHUB

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

6200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2017

Transaction ID : INCA13684

Amount of Each Receipt this Period

100.00

☐ Memo Item

ERMK: KATIE PORTER FOR CONGRESS

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

300.00

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 29 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. COHEN, TOD, , ,

Mailing Address 839 MELVILLE AVENUE

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

STUBHUB

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6200.00

Date of Receipt

MM / DD / YYYY
08 / 17 / 2017

Transaction ID : INCA13685

Amount of Each Receipt this Period

100.00

☐ Memo Item

ERMK: SUE SULLIVAN FOR CONGRESS

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

B. COHEN, TOD, , ,

Mailing Address 839 MELVILLE AVENUE

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

STUBHUB

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6200.00

Date of Receipt

MM / DD / YYYY
08 / 17 / 2017

Transaction ID : INCA13680

Amount of Each Receipt this Period

100.00

☐ Memo Item

ERMK: FINKENAUER FOR CONGRESS

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

C. FU, HONOR, , ,

Mailing Address 420 SANTA RITA AVE

City

MENLO PARK

State

CA

Zip Code

94025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED, SAME NAME

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
08 / 17 / 2017

Transaction ID : INCA13690

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

1200.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. HONIG, LISA, , ,

Mailing Address 320 RUTLEDGE STREET

City
SAN FRANCISCO

State
CA

Zip Code
94110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2017

Transaction ID : INCA13687

Amount of Each Receipt this Period

1250.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. SCHROEDEL, DALE, , ,

Mailing Address 320 RUTLEDGE STREET

City
SAN FRANCISCO

State
CA

Zip Code
94110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
PRIVATE INVESTIGATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2017

Transaction ID : INCA13678

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

C. ZANE, SHIRLEE, , ,

Mailing Address 1111 MCDONALD AVE

City
SANTA ROSA

State
CA

Zip Code
95404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COUNTY OF SONOMA

Occupation (for Individual)
SUPERVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2017

Transaction ID : INCA13688

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 31 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. ZYGIELBAUM, MICHELLE, , ,

Mailing Address N/A

City
SANTA ROSA

State
CA

Zip Code
95403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 17 / 2017

Transaction ID : INCA13679

Amount of Each Receipt this Period

2000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. PELANT, HEATHER, , ,

Mailing Address 140 TULANE DRIVE

City
LARKSPUR

State
CA

Zip Code
94939

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BAKER STREET ADVISORS

Occupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2017

Transaction ID : INCA13677

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

C. GARRETT, MARIE-LOUISE, , ,

Mailing Address 1104 MCDONALD AVENUE

City
SANTA ROSA

State
CA

Zip Code
95404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
INTERIOR DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 19 / 2017

Transaction ID : INCA13676

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELECTING WOMEN BAY AREA

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 32 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. ACKER-LYONS, ALEXANDRA, , ,

Mailing Address 3349 WAVERLEY STREET

City

PALO ALTO

State

CA

Zip Code

94306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AL ADVISING

Occupation (for Individual)

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2017

Transaction ID : INCA13672

Amount of Each Receipt this Period

500.00

☐ Memo Item

ERMK: SAAD FOR CONGRESS

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

B. ALEXANDER, SUZI, , ,

Mailing Address 461 2ND STREET T660

City

SAN FRANCISCO

State

CA

Zip Code

94107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ROBBINS GELLER

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2017

Transaction ID : INCA13671

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: FRIENDS OF MARIA

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

C. BAYSINGER, KARA, , ,

Mailing Address 23 CRAIG AVE

City

PIEDMONT

State

CA

Zip Code

94611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

DENTONS US LLP

Occupation (for Individual)

ATTORNEY/ PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2017

Transaction ID : INCA13675

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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: PAGE 33 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. DIBRIENZA, JENNIFER, , ,

Mailing Address 186 PARK AVE

City
PALO ALTO

State
CA

Zip Code
94306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5350.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2017

Transaction ID : INCA13673

Amount of Each Receipt this Period

100.00

☐ Memo Item

ERMK: SAAD FOR CONGRESS

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

B. LAPPORTE, JULEEN, , ,

Mailing Address 3350 WOODVIEW DR

City
LAFAYETTE

State
CA

Zip Code
94549

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
PHOTOGRAPHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2017

Transaction ID : INCA13674

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

C. BEASLEY, CAROL, , ,

Mailing Address 968 CHIQUITA ROAD

City
HEALDSBURG

State
CA

Zip Code
95448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
VINEYARD OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 22 / 2017

Transaction ID : INCA13669

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

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

2100.00

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

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

FOR LINE NUMBER: PAGE 34 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. MCLEAN, KERRY, , ,

Mailing Address 2738 FOREST AVE

City
BERKELEY

State
CA

Zip Code
94705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INTUIT INC.

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 22 / 2017

Transaction ID : INCA13670

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: FRIENDS OF MARIA

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

B. CRYSTAL FOSTER, CATHERINE, , ,

Mailing Address 1636 CHANNING AVENUE

City
PALO ALTO

State
CA

Zip Code
94303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WESTLY FOUNDATION

Occupation (for Individual)
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2017

Transaction ID : INCA13668

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: FRIENDS OF MARIA

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

C. DIBRIENZA, JENNIFER, , ,

Mailing Address 186 PARK AVE

City
PALO ALTO

State
CA

Zip Code
94306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5350.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2017

Transaction ID : INCA13667

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: FRIENDS OF MARIA

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 35 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. HERRICK, TRICIA, , ,

Mailing Address 1510 PORTOLA AVENUE

City

PALO ALTO

State

CA

Zip Code

94306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2017

Transaction ID : INCA13666

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: FRIENDS OF MARIA

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

B. ROSENBERG, AMY, , ,

Mailing Address 766 PALO ALTO AVE

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED, SAME NAME

Occupation (for Individual)

PRODUCER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2017

Transaction ID : INCA13665

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

C. DEAS, PAMELA, , ,

Mailing Address 458 HIDDEN ACRES ROAD

City

HEALDSBURG

State

CA

Zip Code

95448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

E&M ELECTRIC & MACHINERY

Occupation (for Individual)

ACCOUNTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

2005.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13663

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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 36 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. DEAS, PAMELA, , ,

Mailing Address 458 HIDDEN ACRES ROAD

City
HEALDSBURG

State
CA

Zip Code
95448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
E&M ELECTRIC & MACHINERY

Occupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2005.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13664

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

B. MUHLEMAN, DOUGLAS, , ,

Mailing Address 3685 WEST DRY CREEK RD

City
HEALDSBURG

State
CA

Zip Code
95448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13646

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

C. MUHLEMAN, JULIANNE, , ,

Mailing Address 3685 WEST DRY CREEK RD

City
HEALDSBURG

State
CA

Zip Code
95448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13647

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

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

2005.00

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

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

FOR LINE NUMBER: PAGE 37 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. RICCI, KARA, , ,

Mailing Address PO BOX 2080

City
MECHANICSBURG

State
CA

Zip Code
17055

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORCAL GROUP

Occupation (for Individual)
SVP, CHIEF LEGAL OFFICER, CORP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13648

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. STANLEY, SYLVIA, , ,

Mailing Address 253 OXFORD AVE

City
PALO ALTO

State
CA

Zip Code
94306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NASA

Occupation (for Individual)
EMPLOYEE DEVELOPMENT SPECIA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13650

Amount of Each Receipt this Period

30.00

☐ Memo Item

ERMK: CHRISSY HOULAHAN FOR CONGRESS

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

C. STANLEY, SYLVIA, , ,

Mailing Address 253 OXFORD AVE

City
PALO ALTO

State
CA

Zip Code
94306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NASA

Occupation (for Individual)
EMPLOYEE DEVELOPMENT SPECIAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13652

Amount of Each Receipt this Period

30.00

☐ Memo Item

ERMK: LISA MANDELBLATT FOR CONGRESS

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

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

1060.00

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

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

FOR LINE NUMBER: PAGE 38 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. STANLEY, SYLVIA, , ,

Mailing Address 253 OXFORD AVE

City

PALO ALTO

State

CA

Zip Code

94306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NASA

Occupation (for Individual)

EMPLOYEE DEVELOPMENT SPECIAL

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13649

Amount of Each Receipt this Period

30.00

☐ Memo Item

ERMK: FINKENAUER FOR CONGRESS

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

B. STANLEY, SYLVIA, , ,

Mailing Address 253 OXFORD AVE

City

PALO ALTO

State

CA

Zip Code

94306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NASA

Occupation (for Individual)

EMPLOYEE DEVELOPMENT SPECIAL

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13653

Amount of Each Receipt this Period

30.00

☐ Memo Item

ERMK: KATIE PORTER FOR CONGRESS

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

C. STANLEY, SYLVIA, , ,

Mailing Address 253 OXFORD AVE

City

PALO ALTO

State

CA

Zip Code

94306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NASA

Occupation (for Individual)

EMPLOYEE DEVELOPMENT SPECIAL

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13654

Amount of Each Receipt this Period

30.00

☐ Memo Item

ERMK: SUE SULLIVAN FOR CONGRESS

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

90.00

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 39 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. STANLEY, SYLVIA, , ,

Mailing Address 253 OXFORD AVE

City
PALO ALTO

State
CA

Zip Code
94306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NASA

Occupation (for Individual)

EMPLOYEE DEVELOPMENT SPECIAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13655

Amount of Each Receipt this Period

30.00

☐ Memo Item

ERMK: DR. TRAN FOR CONGRESS

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

B. STANLEY, SYLVIA, , ,

Mailing Address 253 OXFORD AVE

City
PALO ALTO

State
CA

Zip Code
94306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NASA

Occupation (for Individual)

EMPLOYEE DEVELOPMENT SPECIAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13651

Amount of Each Receipt this Period

30.00

☐ Memo Item

ERMK: VICKI JENSEN FOR CONGRESS

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

C. STEWART, SUSANNE, , ,

Mailing Address 421 POPPY PLACE

City
MTN. VIEW

State
CA

Zip Code
94043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13657

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: KLOBUCHAR FOR MINNESOTA

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

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

65.00

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

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

FOR LINE NUMBER: PAGE 40 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. STEWART, SUSANNE, , ,

Mailing Address 421 POPPY PLACE

City
MTN. VIEW

State
CA

Zip Code
94043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13658

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: KAMALA HARRIS FOR SENATE

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

B. STEWART, SUSANNE, , ,

Mailing Address 421 POPPY PLACE

City
MTN. VIEW

State
CA

Zip Code
94043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13660

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: TAMMY BALDWIN FOR SENATE

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

C. STEWART, SUSANNE, , ,

Mailing Address 421 POPPY PLACE

City
MTN. VIEW

State
CA

Zip Code
94043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13661

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: GILLIBRAND FOR SENATE

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 41 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. STEWART, SUSANNE, , ,

Mailing Address 421 POPPY PLACE

City
MTN. VIEW

State
CA

Zip Code
94043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13659

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. STEWART, SUSANNE, , ,

Mailing Address 421 POPPY PLACE

City
MTN. VIEW

State
CA

Zip Code
94043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13662

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. SUNSHINE, DIANA, , ,

Mailing Address 105 NORTH BALSAMINA WAY

City
PORTOLA VALLEY

State
CA

Zip Code
94028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STANFORD UNIVERSITY

Occupation (for Individual)
DIRECTOR OF MARKETING AND COM

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2017

Transaction ID : INCA13656

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

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

1010.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. GRASSESCHI, BARBARA, , ,

Mailing Address 1083 VINE ST MB249

City

HEALDSBURG

State

CA

Zip Code

95448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

PUMA SPRINGS VINEYARDS

Occupation (for Individual)

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2017

Transaction ID : INCA13644

Amount of Each Receipt this Period

4400.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. MARKOWITZ, ROBERT, , ,

Mailing Address 540 SUNNYVALE DR

City

HEALDSBURG

State

CA

Zip Code

95448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2017

Transaction ID : INCA13645

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

C. GUGGENHIME, JUDY, , ,

Mailing Address 1000 MASON STREET

City

SAN FRANCISCO

State

CA

Zip Code

94108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2017

Transaction ID : INCA13633

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

6400.00

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 43 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2017

Transaction ID : INCA13643

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: TAMMY BALDWIN FOR SENATE

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

B. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2017

Transaction ID : INCA13635

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FEINSTEIN FOR SENATE 2018

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

C. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2017

Transaction ID : INCA13636

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: GILLIBRAND FOR SENATE

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 44 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2017

Transaction ID : INCA13637

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: KLOBUCHAR FOR MINNESOTA

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

B. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2017

Transaction ID : INCA13634

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

C. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2017

Transaction ID : INCA13639

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FRIENDS OF MARIA

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 45 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2017

Transaction ID : INCA13638

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: STABENOW FOR US SENATE

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

B. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2017

Transaction ID : INCA13641

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FRIENDS OF MAZIE HIRONO

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

C. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2017

Transaction ID : INCA13642

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: HEIDI FOR SENATE

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 46 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2017

Transaction ID : INCA13640

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

B. LEVINE-SMITH, JENNIFER, , ,

Mailing Address 801 SAMANTHA CT.

City
HEALDSBURG

State
CA

Zip Code
95448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
STUDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 29 / 2017

Transaction ID : INCA13632

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

C. WEIDMAN, COLLEEN, , ,

Mailing Address 4855 WIKIUP BRIDGE WAY

City
SANTA ROSA

State
CA

Zip Code
95404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
MEDITATION TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 29 / 2017

Transaction ID : INCA13631

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

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

2005.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ACREE, LISA, , ,

Mailing Address 701 RHODE ISLAND ST

City
SAN FRANCISCO

State
CA

Zip Code
94107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2005.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2017

Transaction ID : INCA13630

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELECTING WOMEN BAY AREA

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

Mailing Address 143 WYNDHAM DRIVE

City
PORTOLA VALLEY

State
CA

Zip Code
94028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2017

Transaction ID : INCA13629

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: HEIDI FOR SENATE

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

Mailing Address 875 INDIANA ST, UNIT 515

City
SAN FRANCISCO

State
CA

Zip Code
94107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KASHA

Occupation (for Individual)
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2017

Transaction ID : INCA13617

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELECTING WOMEN BAY AREA

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

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

3000.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. BONSAINT, ELEANOR, , ,

Mailing Address 650 HUNTINGTON AVENUE APT. 20M

City
BOSTON

State
MA

Zip Code
02115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

08 / 31 / 2017

Transaction ID : INCA13625

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: CHRISSY HOULAHAN FOR CONGRESS

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

B. BONSAINT, ELEANOR, , ,

Mailing Address 650 HUNTINGTON AVENUE APT. 20M

City
BOSTON

State
MA

Zip Code
02115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

08 / 31 / 2017

Transaction ID : INCA13626

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: LOUISE SLAUGHTER RE-ELECTION
COMMITTEE

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

C. BONSAINT, ELEANOR, , ,

Mailing Address 650 HUNTINGTON AVENUE APT. 20M

City
BOSTON

State
MA

Zip Code
02115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

20.00

Date of Receipt

08 / 31 / 2017

Transaction ID : INCA13628

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: ROSEN FOR NEVADA

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 49 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. BONSANT, ELEANOR, , ,

Mailing Address 650 HUNTINGTON AVENUE APT. 20M

City
BOSTONState
MAZip Code
02115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2017

Transaction ID : INCA13627

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: BRIANNA WU FOR CONGRESS

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

B. CABRASER, ELIZABETH, , ,

Mailing Address 5100 VINE HILL ROAD

City
SEBASTOPOLState
CAZip Code
95472FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LIEFF CABRASEROccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2017

Transaction ID : INCA13619

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELECTING WOMEN BAY AREA

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

C. CHEEK, AIMEE LEE, , ,

Mailing Address 6209 ESTELLE ST

City
SAN DIEGOState
CAZip Code
92115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAMEOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

115.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2017

Transaction ID : INCA13614

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: HIRAL FOR CONGRESS

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

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

1010.00

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

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

FOR LINE NUMBER: PAGE 50 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. CHEEK, AIMEE LEE, , ,

Mailing Address 6209 ESTELLE ST

City
SAN DIEGO

State
CA

Zip Code
92115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2017

Transaction ID : INCA13612

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: KATHRYN ALLEN MD FOR CONGRESS

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

B. CHEEK, AIMEE LEE, , ,

Mailing Address 6209 ESTELLE ST

City
SAN DIEGO

State
CA

Zip Code
92115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2017

Transaction ID : INCA13615

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. CHEEK, AIMEE LEE, , ,

Mailing Address 6209 ESTELLE ST

City
SAN DIEGO

State
CA

Zip Code
92115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

115.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2017

Transaction ID : INCA13613

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: DR. TRAN FOR CONGRESS

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 133

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. DEAS, PAMELA, , ,

Mailing Address 458 HIDDEN ACRES ROAD

City
HEALDSBURG

State
CA

Zip Code
95448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
E&M ELECTRIC & MACHINERY

Occupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2005.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2017

Transaction ID : INCA13621

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELECTING WOMEN BAY AREA

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

B. DORAHY, SARAH, , ,

Mailing Address 468 WESTRIDGE DR

City
PORTOLA VALLEY

State
CA

Zip Code
94028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2017

Transaction ID : INCA13618

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELECTING WOMEN BAY AREA

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

C. GARRETT, CAPPIE, , ,

Mailing Address 1104 MCDONALD AVENUE

City
SANTA ROSE

State
CA

Zip Code
95404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
INTERIOR DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2017

Transaction ID : INCA13622

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELECTING WOMEN BAY AREA

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 52 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. KAHN, JEANIE, , ,

Mailing Address 2520 MILL CREEK ROAD

City
HEALDSBURG

State
CA

Zip Code
95448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
08 / 31 / 2017

Transaction ID : INCA13620

Amount of Each Receipt this Period

2000.00

☐ Memo Item

ERMK: ELECTING WOMEN BAY AREA

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

B. KELLEY, ARIEL, , ,

Mailing Address 160 FOSS CREEK CIRCLE #926

City
HEALDSBURG

State
CA

Zip Code
95448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY
08 / 31 / 2017

Transaction ID : INCA13623

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELECTING WOMEN BAY AREA

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

C. LAFETRA, SUZANNE, , ,

Mailing Address 1600 EUCLID AVE.

City
BERKELEY

State
CA

Zip Code
94709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
WRITER/FILMMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1590.00

Date of Receipt

MM / DD / YYYY
08 / 31 / 2017

Transaction ID : INCA13605

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: FINKENAUER FOR CONGRESS

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

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

3010.00

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

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

FOR LINE NUMBER: PAGE 53 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. LAFETRA, SUZANNE, , ,

Mailing Address 1600 EUCLID AVE.

City
BERKELEY

State
CA

Zip Code
94709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
WRITER/FILMMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1590.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2017

Transaction ID : INCA13603

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: KYRSTEN SINEMA FOR CONGRESS

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

B. LAFETRA, SUZANNE, , ,

Mailing Address 1600 EUCLID AVE.

City
BERKELEY

State
CA

Zip Code
94709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
WRITER/FILMMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1590.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2017

Transaction ID : INCA13604

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: ROSEN FOR NEVADA

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

C. LAFETRA, SUZANNE, , ,

Mailing Address 1600 EUCLID AVE.

City
BERKELEY

State
CA

Zip Code
94709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
WRITER/FILMMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1590.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2017

Transaction ID : INCA13606

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: CHRISSY HOULAHAN FOR CONGRESS

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 54 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. LAFETRA, SUZANNE, , ,

Mailing Address 1600 EUCLID AVE.

City
BERKELEY

State
CA

Zip Code
94709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
WRITER/FILMMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1590.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2017

Transaction ID : INCA13607

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: VICKI JENSEN FOR CONGRESS

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

B. LAFETRA, SUZANNE, , ,

Mailing Address 1600 EUCLID AVE.

City
BERKELEY

State
CA

Zip Code
94709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
WRITER/FILMMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1590.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2017

Transaction ID : INCA13611

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: DR. TRAN FOR CONGRESS

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

C. LAFETRA, SUZANNE, , ,

Mailing Address 1600 EUCLID AVE.

City
BERKELEY

State
CA

Zip Code
94709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
WRITER/FILMMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1590.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2017

Transaction ID : INCA13609

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: KATIE PORTER FOR CONGRESS

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

30.00

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 55 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. LAFETRA, SUZANNE, , ,

Mailing Address 1600 EUCLID AVE.

City
BERKELEY

State
CA

Zip Code
94709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
WRITER/FILMMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1590.00

Date of Receipt

08 / 31 / 2017

Transaction ID : INCA13610

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: SUE SULLIVAN FOR CONGRESS

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

B. LAFETRA, SUZANNE, , ,

Mailing Address 1600 EUCLID AVE.

City
BERKELEY

State
CA

Zip Code
94709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
WRITER/FILMMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1590.00

Date of Receipt

08 / 31 / 2017

Transaction ID : INCA13608

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: LISA MANDELBLATT FOR CONGRESS

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

C. LONGTIN, MARGUERITE, , ,

Mailing Address 5100 VINE HILL ROAD

City
SEBASTOPOL

State
CA

Zip Code
95472

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)
DRESSMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2017

Transaction ID : INCA13624

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELECTING WOMEN BAY AREA

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

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

1020.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 OF 133

(check only one)

<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)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SPEISER, MARY, , ,

Mailing Address 160 GARLAND DRIVE

City
MENLO PARK

State
CA

Zip Code
94025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2017

Transaction ID : INCA13616

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELECTING WOMEN BAY AREA

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

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

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

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)..... ►

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

1000.00

71145.00

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

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

FOR LINE NUMBER: PAGE 57 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. ELECTING WOMEN BAY AREA PAC

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCO

State
CA

Zip Code
94118

FEC ID number of contributing
federal political committee.

C

C00585687

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2017

Transaction ID : INCA13589

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTON

State
MA

Zip Code
02129

FEC ID number of contributing
federal political committee.

C

C00500843

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4159.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2017

Transaction ID : INCA13900

Amount of Each Receipt this Period

162.00

☐ Memo Item

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

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTON

State
MA

Zip Code
02129

FEC ID number of contributing
federal political committee.

C

C00500843

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4159.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2017

Transaction ID : INCA13578

Amount of Each Receipt this Period

560.20

☐ Memo Item

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

722.40

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. FEINSTEIN FOR SENATE 2018

Mailing Address 918 PENNSYLVANIA AVE SE

City
WASHINGTON

State
DC

Zip Code
20003

FEC ID number of contributing
federal political committee.

C C00539890

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44.73

Date of Receipt

08 / **02** / **2017**

Transaction ID : INCA13579

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

B. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City
SEATTLE

State
WA

Zip Code
98111

FEC ID number of contributing
federal political committee.

C C00349506

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.80

Date of Receipt

08 / **02** / **2017**

Transaction ID : INCA13583

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

C. FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City
HONOLULU

State
HI

Zip Code
96809

FEC ID number of contributing
federal political committee.

C C00420760

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

45.13

Date of Receipt

08 / **02** / **2017**

Transaction ID : INCA13585

Amount of Each Receipt this Period

1.80

☐ Memo Item

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

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

2.20

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. GILLIBRAND FOR SENATE

Mailing Address 313 C STREET, NE

City
 WASHINGTON

State
 DC

Zip Code
 20002

FEC ID number of contributing
federal political committee.

C C00413914

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2939.80

Date of Receipt

08 / **02** / **2017**

Transaction ID : INCA13580

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

Mailing Address PO BOX 1577

City
 BISMARCK

State
 ND

Zip Code
 58502

FEC ID number of contributing
federal political committee.

C C00505552

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27.80

Date of Receipt

08 / **02** / **2017**

Transaction ID : INCA13586

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

Mailing Address PO BOX 4146

City
 ST PAUL

State
 MN

Zip Code
 55104

FEC ID number of contributing
federal political committee.

C C00431353

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

53.33

Date of Receipt

08 / **02** / **2017**

Transaction ID : INCA13581

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

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

1.60

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MCCASKILL SENATE FUND

Mailing Address PO BOX 300077

City
 ST LOUIS

State
 MO

Zip Code
 63130

FEC ID number of contributing
federal political committee.

C

C00577148

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1852.60

Date of Receipt

08 / **02** / **2017**

Transaction ID : INCA13584

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

Mailing Address 1000 N. GREEN VALLEY PKWY #440-177

City

HENDERSON

State

NV

Zip Code

89074

FEC ID number of contributing
federal political committee.

C

C00606939

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

29.44

Date of Receipt

08 / **02** / **2017**

Transaction ID : INCA13588

Amount of Each Receipt this Period

1.60

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City

EAST LANSING

State

MI

Zip Code

48826

FEC ID number of contributing
federal political committee.

C

C00344473

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1493.00

Date of Receipt

08 / **02** / **2017**

Transaction ID : INCA13582

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

4.00

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

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☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City
MADISON

State
WI

Zip Code
53701

FEC ID number of contributing
federal political committee.

C

C00326801

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1983.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2017

Transaction ID : INCA13587

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

B. ELECTING WOMEN BAY AREA PAC

Mailing Address 393 7TH AVENUE, SUITE 301

City

SAN FRANCISCO

State

CA

Zip Code

94118

FEC ID number of contributing
federal political committee.

C

C00585687

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2017

Transaction ID : INCA13902

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City

BOSTON

State

MA

Zip Code

02129

FEC ID number of contributing
federal political committee.

C

C00500843

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4159.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2017

Transaction ID : INCA13901

Amount of Each Receipt this Period

280.00

☐ Memo Item

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

320.20

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. CHRISSY HOULAHAN FOR CONGRESS

Mailing Address PO BOX 222

City
DEVONState
PAZip Code
19333FEC ID number of contributing
federal political committee.

C C00637371

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6.40

Date of Receipt

M M	D D	Y Y Y Y
08	16	2017

Transaction ID : INCA13905

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

B. DR. TRAN FOR CONGRESS

Mailing Address 777 S. FIGUEROA ST.

City

LOS ANGELES

State

CA

Zip Code

90017

FEC ID number of contributing
federal political committee.

C C00647081

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6.40

Date of Receipt

M M	D D	Y Y Y Y
08	16	2017

Transaction ID : INCA13910

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City

BOSTON

State

MA

Zip Code

02129

FEC ID number of contributing
federal political committee.

C C00500843

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4159.80

Date of Receipt

M M	D D	Y Y Y Y
08	16	2017

Transaction ID : INCA13903

Amount of Each Receipt this Period

320.00

☐ Memo Item

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

322.40

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

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. FINKENAUER FOR CONGRESS

Mailing Address P.O. BOX 598

City
DUBUQUE

State
IA

Zip Code
52004

FEC ID number of contributing
federal political committee.

C

C00637074

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2017

Transaction ID : INCA13904

Amount of Each Receipt this Period

1.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. KATIE PORTER FOR CONGRESS

Mailing Address 777 S FIGUEROA ST STE 4050

City
LOS ANGELES

State
CA

Zip Code
90017

FEC ID number of contributing
federal political committee.

C

C00636571

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2017

Transaction ID : INCA13908

Amount of Each Receipt this Period

1.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. LISA MANDELBLATT FOR CONGRESS

Mailing Address PO BOX 2334

City
WESTFIELD

State
NJ

Zip Code
07091

FEC ID number of contributing
federal political committee.

C

C00639252

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2017

Transaction ID : INCA13907

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

3.60

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

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SUE SULLIVAN FOR CONGRESS

Mailing Address PO BOX 1133

City
KINGSTON

State
CA

Zip Code
12402

FEC ID number of contributing
federal political committee.

C C00640680

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6.40

Date of Receipt

08 / **16** / **2017**

Transaction ID : INCA13909

Amount of Each Receipt this Period

1.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. VICKI JENSEN FOR CONGRESS

Mailing Address P.O. BOX 346

City
OWATONNA

State
MN

Zip Code
55060

FEC ID number of contributing
federal political committee.

C C00647040

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6.40

Date of Receipt

08 / **16** / **2017**

Transaction ID : INCA13906

Amount of Each Receipt this Period

1.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. CHRISSEY HOULAHAN FOR CONGRESS

Mailing Address PO BOX 222

City
DEVON

State
PA

Zip Code
19333

FEC ID number of contributing
federal political committee.

C C00637371

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6.40

Date of Receipt

08 / **23** / **2017**

Transaction ID : INCA13915

Amount of Each Receipt this Period

4.00

☐ Memo Item

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

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

6.40

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

Use separate schedule(s)
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. DR. TRAN FOR CONGRESS

Mailing Address 777 S. FIGUEROA ST.

City
LOS ANGELESState
CAZip Code
90017FEC ID number of contributing
federal political committee.

C C00647081

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

Transaction ID : INCA13920

Amount of Each Receipt this Period

4.00

☐ Memo Item

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

B. ELECTING WOMEN BAY AREA PAC

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118FEC ID number of contributing
federal political committee.

C C00585687

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

Transaction ID : INCA13913

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129FEC ID number of contributing
federal political committee.

C C00500843

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4159.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

Transaction ID : INCA13911

Amount of Each Receipt this Period

650.00

☐ Memo Item

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

694.00

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

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. FINKENAUER FOR CONGRESS

Mailing Address P.O. BOX 598

City
DUBUQUE

State
IA

Zip Code
52004

FEC ID number of contributing
federal political committee.

C

C00637074

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : INCA13914

Amount of Each Receipt this Period

4.00

☐ Memo Item

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

B. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City
SEATTLE

State
WA

Zip Code
98111

FEC ID number of contributing
federal political committee.

C

C00349506

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : INCA13912

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

C. KATIE PORTER FOR CONGRESS

Mailing Address 777 S FIGUEROA ST STE 4050

City
LOS ANGELES

State
CA

Zip Code
90017

FEC ID number of contributing
federal political committee.

C

C00636571

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : INCA13918

Amount of Each Receipt this Period

4.00

☐ Memo Item

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

88.00

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

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. LISA MANDELBLATT FOR CONGRESS

Mailing Address PO BOX 2334

City
WESTFIELD

State
NJ

Zip Code
07091

FEC ID number of contributing
federal political committee.

C

C00639252

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : INCA13917

Amount of Each Receipt this Period

4.00

☐ Memo Item

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

B. SAAD FOR CONGRESS

Mailing Address PO Box 90

City
NORTHVILLE

State
MI

Zip Code
48167

FEC ID number of contributing
federal political committee.

C

C00650804

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : INCA13921

Amount of Each Receipt this Period

24.00

☐ Memo Item

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

C. SUE SULLIVAN FOR CONGRESS

Mailing Address PO BOX 1133

City
KINGSTON

State
CA

Zip Code
12402

FEC ID number of contributing
federal political committee.

C

C00640680

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : INCA13919

Amount of Each Receipt this Period

4.00

☐ Memo Item

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

32.00

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 68 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. VICKI JENSEN FOR CONGRESS

Mailing Address P.O. BOX 346

City
OWATONNA

State
MN

Zip Code
55060

FEC ID number of contributing
federal political committee.

C

C00647040

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

Transaction ID : INCA13916

Amount of Each Receipt this Period

4.00

☐ Memo Item

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

B. CHRISSY HOULAHAN FOR CONGRESS

Mailing Address PO BOX 222

City
DEVON

State
PA

Zip Code
19333

FEC ID number of contributing
federal political committee.

C

C00637371

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2017

Transaction ID : INCA13934

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

C. DR. TRAN FOR CONGRESS

Mailing Address 777 S. FIGUEROA ST.

City
LOS ANGELES

State
CA

Zip Code
90017

FEC ID number of contributing
federal political committee.

C

C00647081

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2017

Transaction ID : INCA13939

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

6.40

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 69 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTON

State
MA

Zip Code
02129

FEC ID number of contributing
federal political committee.

C

C00500843

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4159.80

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2017

Transaction ID : INCA13922

Amount of Each Receipt this Period

576.40

☐ Memo Item

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

B. FEINSTEIN FOR SENATE 2018

Mailing Address 918 PENNSYLVANIA AVE SE

City
WASHINGTON

State
DC

Zip Code
20003

FEC ID number of contributing
federal political committee.

C

C00539890

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44.73

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2017

Transaction ID : INCA13923

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

C. FINKENAUER FOR CONGRESS

Mailing Address P.O. BOX 598

City
DUBUQUE

State
IA

Zip Code
52004

FEC ID number of contributing
federal political committee.

C

C00637074

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6.40

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2017

Transaction ID : INCA13933

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

577.80

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 70 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City
SEATTLE

State
WA

Zip Code
98111

FEC ID number of contributing
federal political committee.

C

C00349506

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2017

Transaction ID : INCA13927

Amount of Each Receipt this Period

120.20

☐ Memo Item

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

B. FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City
HONOLULU

State
HI

Zip Code
96809

FEC ID number of contributing
federal political committee.

C

C00420760

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2017

Transaction ID : INCA13929

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

C. GILLIBRAND FOR SENATE

Mailing Address 313 C STREET, NE

City
WASHINGTON

State
DC

Zip Code
20002

FEC ID number of contributing
federal political committee.

C

C00413914

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2939.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2017

Transaction ID : INCA13924

Amount of Each Receipt this Period

0.40

☐ Memo Item

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

120.80

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City
BISMARCK

State
ND

Zip Code
58502

FEC ID number of contributing
federal political committee.

C

C00505552

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2017

Transaction ID : INCA13930

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

B. KAMALA HARRIS FOR SENATE

Mailing Address 777 S FIGUEROA ST STE 4050

City
LOS ANGELES

State
CA

Zip Code
90017

FEC ID number of contributing
federal political committee.

C

C00571919

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2017

Transaction ID : INCA13932

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

C. KATIE PORTER FOR CONGRESS

Mailing Address 777 S FIGUEROA ST STE 4050

City
LOS ANGELES

State
CA

Zip Code
90017

FEC ID number of contributing
federal political committee.

C

C00636571

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2017

Transaction ID : INCA13937

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

1.60

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)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City
 ST PAUL

State
 MN

Zip Code
 55104

FEC ID number of contributing
federal political committee.

C

C00431353

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

53.33

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 30 / 2017

Transaction ID : INCA13925

Amount of Each Receipt this Period

0.40

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LISA MANDELBLATT FOR CONGRESS

Mailing Address PO BOX 2334

City
 WESTFIELD

State
 NJ

Zip Code
 07091

FEC ID number of contributing
federal political committee.

C

C00639252

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

6.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 30 / 2017

Transaction ID : INCA13936

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

Mailing Address PO BOX 300077

City
 ST LOUIS

State
 MO

Zip Code
 63130

FEC ID number of contributing
federal political committee.

C

C00577148

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

1852.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 30 / 2017

Transaction ID : INCA13928

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

1.80

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 73 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City
EAST LANSING

State
MI

Zip Code
48826

FEC ID number of contributing
federal political committee.

C C00344473

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1493.00

Date of Receipt

08 / 30 / 2017

Transaction ID : INCA13926

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

B. SUE SULLIVAN FOR CONGRESS

Mailing Address PO BOX 1133

City
KINGSTON

State
CA

Zip Code
12402

FEC ID number of contributing
federal political committee.

C C00640680

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6.40

Date of Receipt

08 / 30 / 2017

Transaction ID : INCA13938

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

C. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City
MADISON

State
WI

Zip Code
53701

FEC ID number of contributing
federal political committee.

C C00326801

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1983.12

Date of Receipt

08 / 30 / 2017

Transaction ID : INCA13931

Amount of Each Receipt this Period

0.40

☐ Memo Item

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

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

1.80

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

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

FOR LINE NUMBER: PAGE 74 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. VICKI JENSEN FOR CONGRESS

Mailing Address P.O. BOX 346

City
OWATONNA

State
MN

Zip Code
55060

FEC ID number of contributing
federal political committee.

C C00647040

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2017

Transaction ID : INCA13935

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

B.

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

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

C.

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)..... ►

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

1.20

2908.20

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. DELUXE

Mailing Address 3680 VICTORIA STREET NORTH

City
SHOREVIEWState
MNZip Code
55126-2966Purpose of Disbursement
CHECKS

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : EXPB13319

Amount of Each Disbursement this Period

352.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City
SAN FRANCISCOState
CAZip Code
94128Purpose of Disbursement
ACCOUNT FEE

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C

Transaction ID : EXPB13593

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST DATAMailing Address 5565 GLENRIDGE CONNECTOR NE
SUITE 2000City
ATLANTAState
GAZip Code
30342Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : EXPB13592

Amount of Each Disbursement this Period

248.86

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

625.99

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 PageFOR LINE NUMBER:
(check only one)

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FIRST DATAMailing Address 5565 GLENRIDGE CONNECTOR NE
SUITE 2000City
ATLANTAState
GAZip Code
30342Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2017

FEC Identification Number

C

Transaction ID : EXPB13591

Amount of Each Disbursement this Period

1049.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST DATAMailing Address 5565 GLENRIDGE CONNECTOR NE
SUITE 2000City
ATLANTAState
GAZip Code
30342Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2017

FEC Identification Number

C

Transaction ID : EXPB13590

Amount of Each Disbursement this Period

42.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WELLS FARGO BANK

Mailing Address 464 CALIFORNIA STREET

City
SAN FRANCISCOState
CAZip Code
94163Purpose of Disbursement
BANK FEE

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2017

FEC Identification Number

C

Transaction ID : EXPB13956

Amount of Each Disbursement this Period

48.63

☐ Memo Item

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

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

1140.40

1766.39

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELECTING WOMEN BAY AREA PAC

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Purpose of Disbursement

ERMK: MALLUN YEN-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

ELECTING WOMEN BAY AREA PAC

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00585687**Transaction ID : EXPB13537**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: JULIE FLYNN-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13499**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: KIRSTEN SCHLENGER-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13500**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2005.00

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 PageFOR LINE NUMBER:
(check only one)

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: THERA BUTTARO-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13501**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: CAROL WINOGRAD-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13502**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: KATHLEEN LONG-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13503**

Amount of Each Disbursement this Period

1000.00

☐ 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 PageFOR LINE NUMBER:
(check only one)

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129Purpose of Disbursement
ERMK: SUSAN VALERIOTE-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13516**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129Purpose of Disbursement
ERMK: SARAH DORAHY-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13522**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13523**

Amount of Each Disbursement this Period

5.00

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

2005.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: MARY SPEISER-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13533**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: AMY METZLER-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13534**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: KATHERINE GORDON-TRANSMITTED BY CHECK. PAC LIMIT
NOT AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13535**

Amount of Each Disbursement this Period

1000.00

☐ 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 PageFOR LINE NUMBER:
(check only one)

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: SUSIE HWANG-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13536**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: MALLUN YEN-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13538**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: NATASHA DOLBY-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13539**

Amount of Each Disbursement this Period

1000.00

☐ 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 PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: KERRY FRANCIS-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED
Candidate Name**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13540**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: NANCY KATZ-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED
Candidate Name**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13754**

Amount of Each Disbursement this Period

1050.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: GRACE JILL SCHIRESON-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED
Candidate Name**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13755**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3050.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: MISSY RELLER-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13756**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: DIANE ZACK-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13757**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FEINSTEIN FOR SENATE 2018

Mailing Address 918 PENNSYLVANIA AVE SE

City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name

FEINSTEIN, DIANE, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: CA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00539890**Transaction ID : EXPB13524**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2005.00

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

PAGE 84 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City
SEATTLEState
WAZip Code
98111

Purpose of Disbursement

ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC

LIMIT NOT AFFECTED

Candidate Name

CANTWELL, MARIA, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: WA

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2017

FEC Identification Number

C C00349506**Transaction ID : EXPB13528**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City
HONOLULUState
HIZip Code
96809

Purpose of Disbursement

ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

HIRONO, MAZIE, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: HI

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2017

FEC Identification Number

C C00420760**Transaction ID : EXPB13507**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City
HONOLULUState
HIZip Code
96809

Purpose of Disbursement

ERMK: BILLYE TURNER-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

HIRONO, MAZIE, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: HI

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2017

FEC Identification Number

C C00420760**Transaction ID : EXPB13512**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

20.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City
HONOLULUState
HIZip Code
96809

Purpose of Disbursement

ERMK: NORA GONZALES-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

HIRONO, MAZIE, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: HI

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00420760**Transaction ID : EXPB13514**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City
HONOLULUState
HIZip Code
96809

Purpose of Disbursement

ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

HIRONO, MAZIE, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: HI

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00420760**Transaction ID : EXPB13520**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City
HONOLULUState
HIZip Code
96809

Purpose of Disbursement

ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name

HIRONO, MAZIE, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: HI

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00420760**Transaction ID : EXPB13530**

Amount of Each Disbursement this Period

5.00

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

30.00

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

PAGE 86 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. GILLIBRAND FOR SENATE

Mailing Address 313 C STREET, NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name

GILLIBRAND, KIRSTEN ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: NY

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00413914**Transaction ID : EXPB13525**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City
BISMARCKState
NDZip Code
58502Purpose of Disbursement
ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

HEITKAMP, HEIDI, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State: ND

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00505552**Transaction ID : EXPB13506**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City
BISMARCKState
NDZip Code
58502Purpose of Disbursement
ERMK: BILLYE TURNER-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

HEITKAMP, HEIDI, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: ND

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00505552**Transaction ID : EXPB13511**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

20.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City
BISMARCKState
NDZip Code
58502Purpose of Disbursement
ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

HEITKAMP, HEIDI, , ,Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: ND District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00505552**Transaction ID : EXPB13518**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City
BISMARCKState
NDZip Code
58502Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name

HEITKAMP, HEIDI, , ,Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: ND District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00505552**Transaction ID : EXPB13531**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City
ST PAULState
MNZip Code
55104Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name

KLOBUCHAR, AMY, , ,Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: MN District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00431353**Transaction ID : EXPB13526**

Amount of Each Disbursement this Period

5.00

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

20.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. MCCASKILL SENATE FUND

Mailing Address PO BOX 300077

City
ST LOUISState
MOZip Code
63130

Purpose of Disbursement

ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

MCCASKILL, CLAIRE, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00577148**Transaction ID : EXPB13504**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCCASKILL SENATE FUND

Mailing Address PO BOX 300077

City
ST LOUISState
MOZip Code
63130

Purpose of Disbursement

ERMK: BILLYE TURNER-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

MCCASKILL, CLAIRE, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00577148**Transaction ID : EXPB13509**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MCCASKILL SENATE FUND

Mailing Address PO BOX 300077

City
ST LOUISState
MOZip Code
63130

Purpose of Disbursement

ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

MCCASKILL, CLAIRE, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00577148**Transaction ID : EXPB13519**

Amount of Each Disbursement this Period

10.00

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

25.00

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

PAGE 89 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. MCCASKILL SENATE FUND

Mailing Address PO BOX 300077

City
ST LOUISState
MOZip Code
63130Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name

MCCASKILL, CLAIRE, , ,Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: MO District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00577148**Transaction ID : EXPB13529**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROSEN FOR NEVADA

Mailing Address 1000 N. GREEN VALLEY PKWY #440-177

City
HENDERSONState
NVZip Code
89074Purpose of Disbursement
ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

ROSEN, JACKY, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00606939**Transaction ID : EXPB13508**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROSEN FOR NEVADA

Mailing Address 1000 N. GREEN VALLEY PKWY #440-177

City
HENDERSONState
NVZip Code
89074Purpose of Disbursement
ERMK: BILLYE TURNER-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

ROSEN, JACKY, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00606939**Transaction ID : EXPB13513**

Amount of Each Disbursement this Period

10.00

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

20.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ROSEN FOR NEVADA

Mailing Address 1000 N. GREEN VALLEY PKWY #440-177

City
HENDERSONState
NVZip Code
89074

Purpose of Disbursement

ERMK: NORA GONZALES-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

ROSEN, JACKY, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: NV

District: 03

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2017

FEC Identification Number

C C00606939**Transaction ID : EXPB13515**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROSEN FOR NEVADA

Mailing Address 1000 N. GREEN VALLEY PKWY #440-177

City
HENDERSONState
NVZip Code
89074

Purpose of Disbursement

ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

ROSEN, JACKY, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: NV

District: 03

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2017

FEC Identification Number

C C00606939**Transaction ID : EXPB13521**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City
EAST LANSINGState
MIZip Code
48826

Purpose of Disbursement

ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

STABENOW, DEBBIE, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MI

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2017

FEC Identification Number

C C00344473**Transaction ID : EXPB13505**

Amount of Each Disbursement this Period

5.00

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

30.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City
EAST LANSINGState
MIZip Code
48826Purpose of Disbursement
ERMK: BILLYE TURNER-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

STABENOW, DEBBIE, , ,Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2017

FEC Identification Number

C C00344473**Transaction ID : EXPB13510**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City
EAST LANSINGState
MIZip Code
48826Purpose of Disbursement
ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

STABENOW, DEBBIE, , ,Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2017

FEC Identification Number

C C00344473**Transaction ID : EXPB13517**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City
EAST LANSINGState
MIZip Code
48826Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name

STABENOW, DEBBIE, , ,Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2017

FEC Identification Number

C C00344473**Transaction ID : EXPB13527**

Amount of Each Disbursement this Period

5.00

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

25.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City
MADISONState
WIZip Code
53701

Purpose of Disbursement

ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC

LIMIT NOT AFFECTED

Candidate Name

BALDWIN, TAMMY, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: WI

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C C00326801**Transaction ID : EXPB13532**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELECTING WOMEN BAY AREA PAC

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Purpose of Disbursement

ERMK: T GODFREY-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

ELECTING WOMEN BAY AREA PAC

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	1	7		

FEC Identification Number

C C00585687**Transaction ID : EXPB13759**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: T GODFREY-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13758**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2005.00

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

PAGE 93 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: ALEXANDRA NICHOLSON-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13760**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: SAMANTHA CAMPBELL-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13761**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13762**

Amount of Each Disbursement this Period

1000.00

☐ 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 PageFOR LINE NUMBER:
(check only one)

PAGE 94 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: LISA ACREE-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13763**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: SUZANNE LAFETRA-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13764**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13765**

Amount of Each Disbursement this Period

1000.00

☐ 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 PageFOR LINE NUMBER:
(check only one)

PAGE 95 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. CHRISSY HOULAHAN FOR CONGRESS

Mailing Address PO BOX 222

City
DEVONState
PAZip Code
19333

Purpose of Disbursement

ERMK: MARGRETA VON PEIN-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

HOULAHAN, CHRISSY, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 06

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2017

FEC Identification Number

C C00637371**Transaction ID : EXPB13769**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHRISSY HOULAHAN FOR CONGRESS

Mailing Address PO BOX 222

City
DEVONState
PAZip Code
19333

Purpose of Disbursement

ERMK: BARBARA SCHIFFLER-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

HOULAHAN, CHRISSY, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 06

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2017

FEC Identification Number

C C00637371**Transaction ID : EXPB13776**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHRISSY HOULAHAN FOR CONGRESS

Mailing Address PO BOX 222

City
DEVONState
PAZip Code
19333

Purpose of Disbursement

ERMK: MARGARET. R MONAGHAN-TRANSMITTED BY CHECK. PAC

LIMIT NOT AFFECTED

Candidate Name

HOULAHAN, CHRISSY, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 06

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2017

FEC Identification Number

C C00637371**Transaction ID : EXPB13785**

Amount of Each Disbursement this Period

5.00

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

15.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. CHRISSY HOULAHAN FOR CONGRESS

Mailing Address PO BOX 222

City
DEVONState
PAZip Code
19333

Purpose of Disbursement

ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

HOULAHAN, CHRISSY, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 06

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	16	/	2017

FEC Identification Number

C C00637371**Transaction ID : EXPB13792**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHRISSY HOULAHAN FOR CONGRESS

Mailing Address PO BOX 222

City
DEVONState
PAZip Code
19333

Purpose of Disbursement

ERMK: MARIA THOMSON-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

HOULAHAN, CHRISSY, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 06

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	16	/	2017

FEC Identification Number

C C00637371**Transaction ID : EXPB13799**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DR. TRAN FOR CONGRESS

Mailing Address 777 S. FIGUEROA ST.

City
LOS ANGELESState
CAZip Code
90017

Purpose of Disbursement

ERMK: MARGRETA VON PEIN-TRANSMITTED BY CHECK. PAC LIMIT
NOT AFFECTED

Candidate Name

TRAN, MAI-KHANH, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 39

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	16	/	2017

FEC Identification Number

C C00647081**Transaction ID : EXPB13774**

Amount of Each Disbursement this Period

5.00

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

20.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. DR. TRAN FOR CONGRESS

Mailing Address 777 S. FIGUEROA ST.

City
LOS ANGELESState
CAZip Code
90017

Purpose of Disbursement

ERMK: BARBARA SCHIFFLER-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

TRAN, MAI-KHANH, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 39

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00647081**Transaction ID : EXPB13781**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DR. TRAN FOR CONGRESS

Mailing Address 777 S. FIGUEROA ST.

City
LOS ANGELESState
CAZip Code
90017

Purpose of Disbursement

ERMK: MARGARET. R MONAGHAN-TRANSMITTED BY CHECK. PAC

LIMIT NOT AFFECTED

Candidate Name

TRAN, MAI-KHANH, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 39

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00647081**Transaction ID : EXPB13790**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DR. TRAN FOR CONGRESS

Mailing Address 777 S. FIGUEROA ST.

City
LOS ANGELESState
CAZip Code
90017

Purpose of Disbursement

ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

TRAN, MAI-KHANH, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 39

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00647081**Transaction ID : EXPB13797**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00

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

PAGE 98 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. DR. TRAN FOR CONGRESS

Mailing Address 777 S. FIGUEROA ST.

City
LOS ANGELESState
CAZip Code
90017

Purpose of Disbursement

ERMK: MARIA THOMSON-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

TRAN, MAI-KHANH, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 39

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00647081**Transaction ID : EXPB13804**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: LORI WHITNEY-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13766**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: ARLENE KRAUSHAAR-TRANSMITTED BY CHECK. PAC LIMIT
NOT AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13767**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2010.00

	21b		22	X	23		26		27
	28a		28b		28c		29		30b

FEC Schedule B (Form 3X) Rev. 05/2016

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

PAGE 100 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: JANE HSIAO-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED
Candidate Name**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13806**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: AMY PEARL-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED
Candidate Name**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13807**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: LYNNE ROYER-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED
Candidate Name**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13808**

Amount of Each Disbursement this Period

1000.00

☐ 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 PageFOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FINKENAUER FOR CONGRESS

Mailing Address P.O. BOX 598

City
DUBUQUEState
IAZip Code
52004

Purpose of Disbursement

ERMK: MARGRETA VON PEIN-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

FINKENAUER, ABBY, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: IA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00637074**Transaction ID : EXPB13768**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FINKENAUER FOR CONGRESS

Mailing Address P.O. BOX 598

City
DUBUQUEState
IAZip Code
52004

Purpose of Disbursement

ERMK: BARBARA SCHIFFLER-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

FINKENAUER, ABBY, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: IA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00637074**Transaction ID : EXPB13775**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FINKENAUER FOR CONGRESS

Mailing Address P.O. BOX 598

City
DUBUQUEState
IAZip Code
52004

Purpose of Disbursement

ERMK: MARGARET. R MONAGHAN-TRANSMITTED BY CHECK. PAC

LIMIT NOT AFFECTED

Candidate Name

FINKENAUER, ABBY, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: IA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00637074**Transaction ID : EXPB13784**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 102 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FINKENAUER FOR CONGRESS

Mailing Address P.O. BOX 598

City
DUBUQUEState
IAZip Code
52004

Purpose of Disbursement

ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

FINKENAUER, ABBY, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: IA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00637074**Transaction ID : EXPB13791**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FINKENAUER FOR CONGRESS

Mailing Address P.O. BOX 598

City
DUBUQUEState
IAZip Code
52004

Purpose of Disbursement

ERMK: MARIA THOMSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

FINKENAUER, ABBY, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: IA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00637074**Transaction ID : EXPB13798**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KATIE PORTER FOR CONGRESS

Mailing Address 777 S FIGUEROA ST STE 4050

City
LOS ANGELESState
CAZip Code
90017

Purpose of Disbursement

ERMK: MARGRETA VON PEIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

PORTER, KATIE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 45

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00636571**Transaction ID : EXPB13772**

Amount of Each Disbursement this Period

5.00

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

20.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KATIE PORTER FOR CONGRESS

Mailing Address 777 S FIGUEROA ST STE 4050

City
LOS ANGELESState
CAZip Code
90017

Purpose of Disbursement

ERMK: BARBARA SCHIFFLER-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

PORTER, KATIE, , ,

Office Sought:

☒

House

☐

Senate

☐

President

State: CA

District: 45

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00636571**Transaction ID : EXPB13779**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KATIE PORTER FOR CONGRESS

Mailing Address 777 S FIGUEROA ST STE 4050

City
LOS ANGELESState
CAZip Code
90017

Purpose of Disbursement

ERMK: MARGARET. R MONAGHAN-TRANSMITTED BY CHECK. PAC

LIMIT NOT AFFECTED

Candidate Name

PORTER, KATIE, , ,

Office Sought:

☒

House

☐

Senate

☐

President

State: CA

District: 45

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00636571**Transaction ID : EXPB13788**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KATIE PORTER FOR CONGRESS

Mailing Address 777 S FIGUEROA ST STE 4050

City
LOS ANGELESState
CAZip Code
90017

Purpose of Disbursement

ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

PORTER, KATIE, , ,

Office Sought:

☒

House

☐

Senate

☐

President

State: CA

District: 45

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00636571**Transaction ID : EXPB13795**

Amount of Each Disbursement this Period

5.00

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

15.00

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

PAGE 104 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KATIE PORTER FOR CONGRESS

Mailing Address 777 S FIGUEROA ST STE 4050

City
LOS ANGELESState
CAZip Code
90017

Purpose of Disbursement

ERMK: MARIA THOMSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

PORTER, KATIE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 45

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	16	/	2017

FEC Identification Number

C C00636571**Transaction ID : EXPB13802**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LISA MANDELBLATT FOR CONGRESS

Mailing Address PO BOX 2334

City
WESTFIELDState
NJZip Code
07091

Purpose of Disbursement

ERMK: MARGRETA VON PEIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

MANDELBLATT, LISA, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 07

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	16	/	2017

FEC Identification Number

C C00639252**Transaction ID : EXPB13771**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LISA MANDELBLATT FOR CONGRESS

Mailing Address PO BOX 2334

City
WESTFIELDState
NJZip Code
07091

Purpose of Disbursement

ERMK: BARBARA SCHIFFLER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

MANDELBLATT, LISA, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 07

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	16	/	2017

FEC Identification Number

C C00639252**Transaction ID : EXPB13778**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

20.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. LISA MANDELBLATT FOR CONGRESS

Mailing Address PO BOX 2334

City
WESTFIELDState
NJZip Code
07091Purpose of Disbursement
ERMK: MARGARET. R MONAGHAN-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name

MANDELBLATT, LISA, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00639252**Transaction ID : EXPB13787**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LISA MANDELBLATT FOR CONGRESS

Mailing Address PO BOX 2334

City
WESTFIELDState
NJZip Code
07091Purpose of Disbursement
ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

MANDELBLATT, LISA, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00639252**Transaction ID : EXPB13794**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LISA MANDELBLATT FOR CONGRESS

Mailing Address PO BOX 2334

City
WESTFIELDState
NJZip Code
07091Purpose of Disbursement
ERMK: MARIA THOMSON-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

MANDELBLATT, LISA, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00639252**Transaction ID : EXPB13801**

Amount of Each Disbursement this Period

10.00

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

20.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. SUE SULLIVAN FOR CONGRESS

Mailing Address PO BOX 1133

City
KINGSTONState
CAZip Code
12402

Purpose of Disbursement

ERMK: MARGRETA VON PEIN-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

SULLIVAN, SUE, , ,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State: CA

District: 19

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00640680**Transaction ID : EXPB13773**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SUE SULLIVAN FOR CONGRESS

Mailing Address PO BOX 1133

City
KINGSTONState
CAZip Code
12402

Purpose of Disbursement

ERMK: BARBARA SCHIFFLER-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

SULLIVAN, SUE, , ,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State: CA

District: 19

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00640680**Transaction ID : EXPB13780**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SUE SULLIVAN FOR CONGRESS

Mailing Address PO BOX 1133

City
KINGSTONState
CAZip Code
12402

Purpose of Disbursement

ERMK: MARGARET. R MONAGHAN-TRANSMITTED BY CHECK. PAC

LIMIT NOT AFFECTED

Candidate Name

SULLIVAN, SUE, , ,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State: CA

District: 19

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00640680**Transaction ID : EXPB13789**

Amount of Each Disbursement this Period

5.00

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

15.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. SUE SULLIVAN FOR CONGRESS

Mailing Address PO BOX 1133

City
KINGSTONState
CAZip Code
12402

Purpose of Disbursement

ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

SULLIVAN, SUE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 19

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00640680**Transaction ID : EXPB13796**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SUE SULLIVAN FOR CONGRESS

Mailing Address PO BOX 1133

City
KINGSTONState
CAZip Code
12402

Purpose of Disbursement

ERMK: MARIA THOMSON-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

SULLIVAN, SUE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 19

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00640680**Transaction ID : EXPB13803**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VICKI JENSEN FOR CONGRESS

Mailing Address P.O. BOX 346

City
OWATONNAState
MNZip Code
55060

Purpose of Disbursement

ERMK: MARGRETA VON PEIN-TRANSMITTED BY CHECK. PAC LIMIT
NOT AFFECTED

Candidate Name

JENSEN, VICKI, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MN

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00647040**Transaction ID : EXPB13770**

Amount of Each Disbursement this Period

5.00

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

20.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. VICKI JENSEN FOR CONGRESS

Mailing Address P.O. BOX 346

City
OWATONNAState
MNZip Code
55060

Purpose of Disbursement

ERMK: BARBARA SCHIFFLER-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

JENSEN, VICKI, , ,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State: MN

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00647040**Transaction ID : EXPB13777**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VICKI JENSEN FOR CONGRESS

Mailing Address P.O. BOX 346

City
OWATONNAState
MNZip Code
55060

Purpose of Disbursement

ERMK: MARGARET. R MONAGHAN-TRANSMITTED BY CHECK. PAC

LIMIT NOT AFFECTED

Candidate Name

JENSEN, VICKI, , ,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State: MN

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00647040**Transaction ID : EXPB13786**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VICKI JENSEN FOR CONGRESS

Mailing Address P.O. BOX 346

City
OWATONNAState
MNZip Code
55060

Purpose of Disbursement

ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

JENSEN, VICKI, , ,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State: MN

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00647040**Transaction ID : EXPB13793**

Amount of Each Disbursement this Period

5.00

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

15.00

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

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

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

NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. VICKI JENSEN FOR CONGRESS

Mailing Address P.O. BOX 346

City
OWATONNAState
MNZip Code
55060

Purpose of Disbursement

ERMK: MARIA THOMSON-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

JENSEN, VICKI, , ,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State: MN

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	7		

FEC Identification Number

C C00647040**Transaction ID : EXPB13800**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHRISSY HOULAHAN FOR CONGRESS

Mailing Address PO BOX 222

City
DEVONState
PAZip Code
19333

Purpose of Disbursement

ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

HOULAHAN, CHRISSY, , ,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State: PA

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	7		

FEC Identification Number

C C00637371**Transaction ID : EXPB13817**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DR. TRAN FOR CONGRESS

Mailing Address 777 S. FIGUEROA ST.

City
LOS ANGELESState
CAZip Code
90017

Purpose of Disbursement

ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

TRAN, MAI-KHANH, , ,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State: CA

District: 39

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	7		

FEC Identification Number

C C00647081**Transaction ID : EXPB13822**

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)..... ►

210.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELECTING WOMEN BAY AREA PAC

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Purpose of Disbursement

ERMK: MARIE-LOUISE GARRETT-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

ELECTING WOMEN BAY AREA PAC

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	7		

FEC Identification Number

C C00585687**Transaction ID : EXPB13828**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: MARGUERITE LONGTIN-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13809**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: LISA LIDDLE-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13810**

Amount of Each Disbursement this Period

1000.00

☐ 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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 111 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: LESLIE EVERETT-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

FEC Identification Number

C C00500843**Transaction ID : EXPB13811**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: SARA BRODY-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

FEC Identification Number

C C00500843**Transaction ID : EXPB13812**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: PAMELA CHANTER-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

FEC Identification Number

C C00500843**Transaction ID : EXPB13813**

Amount of Each Disbursement this Period

1000.00

☐ 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 PageFOR LINE NUMBER:
(check only one)

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: DALE SCHROEDEL-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED
Candidate Name**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13814**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: MICHELLE ZYGIELBAUM-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED
Candidate Name**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13815**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: LISA HONIG-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED
Candidate Name**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13823**

Amount of Each Disbursement this Period

1250.00

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

4250.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: SHIRLEE ZANE-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13824**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: AMANDA ARCH-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13825**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: HONOR FU-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13826**

Amount of Each Disbursement this Period

1000.00

☐ 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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 114 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: HEATHER PELANT-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13827**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: JULEEN LAPPORTE-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13832**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: KARA BAYSINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13833**

Amount of Each Disbursement this Period

1000.00

☐ 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 PageFOR LINE NUMBER:
(check only one)

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: CAROL BEASLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13834**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FINKENAUER FOR CONGRESS

Mailing Address P.O. BOX 598

City
DUBUQUEState
IAZip Code
52004

Purpose of Disbursement

ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

FINKENAUER, ABBY, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: IA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	7		

FEC Identification Number

C C00637074**Transaction ID : EXPB13816**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City
SEATTLEState
WAZip Code
98111

Purpose of Disbursement

ERMK: SUZI ALEXANDER-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

CANTWELL, MARIA, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	7		

FEC Identification Number

C C00349506**Transaction ID : EXPB13829**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2100.00

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

PAGE 116 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City
SEATTLEState
WAZip Code
98111

Purpose of Disbursement

ERMK: KERRY MCLEAN-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

CANTWELL, MARIA, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: WA

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

FEC Identification Number

C C00349506**Transaction ID : EXPB13835**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KATIE PORTER FOR CONGRESS

Mailing Address 777 S FIGUEROA ST STE 4050

City
LOS ANGELESState
CAZip Code
90017

Purpose of Disbursement

ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

PORTER, KATIE, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: CA

District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

FEC Identification Number

C C00636571**Transaction ID : EXPB13820**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LISA MANDELBLATT FOR CONGRESS

Mailing Address PO BOX 2334

City
WESTFIELDState
NJZip Code
07091

Purpose of Disbursement

ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

MANDELBLATT, LISA, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: NJ

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

FEC Identification Number

C C00639252**Transaction ID : EXPB13819**

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1200.00

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 PageFOR LINE NUMBER:
(check only one)

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. SAAD FOR CONGRESS

Mailing Address PO Box 90

City
NORTHVILLEState
MIZip Code
48167Purpose of Disbursement
ERMK: ALEXANDRA ACKER-LYONS-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name

SAAD, FAYROUZ, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 11

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

FEC Identification Number

C C00650804**Transaction ID : EXPB13960**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SAAD FOR CONGRESS

Mailing Address PO Box 90

City
NORTHVILLEState
MIZip Code
48167Purpose of Disbursement
ERMK: JENNIFER DIBRIENZA-TRANSMITTED BY CHECK. PAC LIMIT
NOT AFFECTED

Candidate Name

SAAD, FAYROUZ, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 11

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

FEC Identification Number

C C00650804**Transaction ID : EXPB13961**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SUE SULLIVAN FOR CONGRESS

Mailing Address PO BOX 1133

City
KINGSTONState
CAZip Code
12402Purpose of Disbursement
ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

SULLIVAN, SUE, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 19

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

FEC Identification Number

C C00640680**Transaction ID : EXPB13821**

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).....▶

700.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. VICKI JENSEN FOR CONGRESS

Mailing Address P.O. BOX 346

City
OWATONNAState
MNZip Code
55060

Purpose of Disbursement

ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

JENSEN, VICKI, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MN

District: 01

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	7		

FEC Identification Number

C C00647040**Transaction ID : EXPB13818**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHRISSY HOULAHAN FOR CONGRESS

Mailing Address PO BOX 222

City
DEVONState
PAZip Code
19333

Purpose of Disbursement

ERMK: SYLVIA STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

HOULAHAN, CHRISSY, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 06

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	0			2	0	1	7		

FEC Identification Number

C C00637371**Transaction ID : EXPB13844**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DR. TRAN FOR CONGRESS

Mailing Address 777 S. FIGUEROA ST.

City
LOS ANGELESState
CAZip Code
90017

Purpose of Disbursement

ERMK: SYLVIA STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

TRAN, MAI-KHANH, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 39

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	0			2	0	1	7		

FEC Identification Number

C C00647081**Transaction ID : EXPB13849**

Amount of Each Disbursement this Period

30.00

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

160.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: AMY ROSENBERG-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	7

FEC Identification Number

C C00500843**Transaction ID : EXPB13836**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: DOUGLAS MUHLEMAN-TRANSMITTED BY CHECK. PAC LIMIT
NOT AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	7

FEC Identification Number

C C00500843**Transaction ID : EXPB13840**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: JULIANNE MUHLEMAN-TRANSMITTED BY CHECK. PAC LIMIT
NOT AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	7

FEC Identification Number

C C00500843**Transaction ID : EXPB13841**

Amount of Each Disbursement this Period

1000.00

☐ 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 PageFOR LINE NUMBER:
(check only one)

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: KARA RICCI-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	7

FEC Identification Number

C C00500843**Transaction ID : EXPB13842**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: DIANA SUNSHINE-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	7

FEC Identification Number

C C00500843**Transaction ID : EXPB13850**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	7

FEC Identification Number

C C00500843**Transaction ID : EXPB13853**

Amount of Each Disbursement this Period

5.00

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

2005.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: PAMELA DEAS-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	0			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13856**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: BARBARA GRASSESCHI-TRANSMITTED BY CHECK. PAC LIMIT
NOT AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	0			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13857**

Amount of Each Disbursement this Period

4400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: ROBERT MARKOWITZ-TRANSMITTED BY CHECK. PAC LIMIT
NOT AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	0			2	0	1	7		

FEC Identification Number

C C00500843**Transaction ID : EXPB13858**

Amount of Each Disbursement this Period

1000.00

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

6400.00

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

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<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: JUDY GUGGENHIME-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	7

FEC Identification Number

C C00500843**Transaction ID : EXPB13859**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	7

FEC Identification Number

C C00500843**Transaction ID : EXPB13860**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: COLLEEN WEIDMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	7

FEC Identification Number

C C00500843**Transaction ID : EXPB13870**

Amount of Each Disbursement this Period

1000.00

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

2005.00

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

PAGE 123 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTONState
MAZip Code
02129

Purpose of Disbursement

ERMK: JENNIFER LEVINE-SMITH-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

WARREN, ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	7

FEC Identification Number

C C00500843**Transaction ID : EXPB13871**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FEINSTEIN FOR SENATE 2018

Mailing Address 918 PENNSYLVANIA AVE SE

City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC

LIMIT NOT AFFECTED

Candidate Name

FEINSTEIN, DIANE, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: CA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	7

FEC Identification Number

C C00539890**Transaction ID : EXPB13861**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FINKENAUER FOR CONGRESS

Mailing Address P.O. BOX 598

City
DUBUQUEState
IAZip Code
52004

Purpose of Disbursement

ERMK: SYLVIA STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

FINKENAUER, ABBY, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: IA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	7

FEC Identification Number

C C00637074**Transaction ID : EXPB13843**

Amount of Each Disbursement this Period

30.00

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

1035.00

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

PAGE 124 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City
SEATTLEState
WAZip Code
98111

Purpose of Disbursement

ERMK: TRICIA HERRICK-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

CANTWELL, MARIA, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: WA

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	30	/	2017

FEC Identification Number

C C00349506**Transaction ID : EXPB13837**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City
SEATTLEState
WAZip Code
98111

Purpose of Disbursement

ERMK: JENNIFER DIBRIENZA-TRANSMITTED BY CHECK. PAC LIMIT
NOT AFFECTED

Candidate Name

CANTWELL, MARIA, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: WA

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	30	/	2017

FEC Identification Number

C C00349506**Transaction ID : EXPB13838**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City
SEATTLEState
WAZip Code
98111

Purpose of Disbursement

ERMK: CATHERINE CRYSTAL FOSTER-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name

CANTWELL, MARIA, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: WA

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	30	/	2017

FEC Identification Number

C C00349506**Transaction ID : EXPB13839**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 125 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City
SEATTLEState
WAZip Code
98111Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name

CANTWELL, MARIA, , ,Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2017

FEC Identification Number

C C00349506**Transaction ID : EXPB13865**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City
HONOLULUState
HIZip Code
96809Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name

HIRONO, MAZIE, , ,Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: HI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2017

FEC Identification Number

C C00420760**Transaction ID : EXPB13867**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GILLIBRAND FOR SENATE

Mailing Address 313 C STREET, NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

GILLIBRAND, KIRSTEN ELIZABETH, , ,Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2017

FEC Identification Number

C C00413914**Transaction ID : EXPB13855**

Amount of Each Disbursement this Period

5.00

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

15.00

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

PAGE 126 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. GILLIBRAND FOR SENATE

Mailing Address 313 C STREET, NE

City
WASHINGTONState
DCZip Code
20002

Purpose of Disbursement

ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC

LIMIT NOT AFFECTED

Candidate Name

GILLIBRAND, KIRSTEN ELIZABETH, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: NY

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	7

FEC Identification Number

C C00413914**Transaction ID : EXPB13862**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City
BISMARCKState
NDZip Code
58502

Purpose of Disbursement

ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC

LIMIT NOT AFFECTED

Candidate Name

HEITKAMP, HEIDI, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: ND

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	7

FEC Identification Number

C C00505552**Transaction ID : EXPB13868**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KAMALA HARRIS FOR SENATE

Mailing Address 777 S FIGUEROA ST STE 4050

City
LOS ANGELESState
CAZip Code
90017

Purpose of Disbursement

ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

HARRIS, KAMALA, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: CA

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	7

FEC Identification Number

C C00571919**Transaction ID : EXPB13852**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00

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

PAGE 127 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KATIE PORTER FOR CONGRESS

Mailing Address 777 S FIGUEROA ST STE 4050

City
LOS ANGELESState
CAZip Code
90017

Purpose of Disbursement

ERMK: SYLVIA STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

PORTER, KATIE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 45

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2017

FEC Identification Number

C C00636571**Transaction ID : EXPB13847**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City
ST PAULState
MNZip Code
55104

Purpose of Disbursement

ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

KLOBUCHAR, AMY, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MN

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2017

FEC Identification Number

C C00431353**Transaction ID : EXPB13851**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City
ST PAULState
MNZip Code
55104

Purpose of Disbursement

ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name

KLOBUCHAR, AMY, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MN

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2017

FEC Identification Number

C C00431353**Transaction ID : EXPB13863**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

40.00

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

PAGE 128 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. LISA MANDELBLATT FOR CONGRESS

Mailing Address PO BOX 2334

City
WESTFIELDState
NJZip Code
07091

Purpose of Disbursement

ERMK: SYLVIA STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

MANDELBLATT, LISA, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	0			2	0	1	7		

FEC Identification Number

C C00639252**Transaction ID : EXPB13846**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCCASKILL SENATE FUND

Mailing Address PO BOX 300077

City
ST LOUISState
MOZip Code
63130

Purpose of Disbursement

ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name

MCCASKILL, CLAIRE, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	0			2	0	1	7		

FEC Identification Number

C C00577148**Transaction ID : EXPB13866**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City
EAST LANSINGState
MIZip Code
48826

Purpose of Disbursement

ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name

STABENOW, DEBBIE, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	0			2	0	1	7		

FEC Identification Number

C C00344473**Transaction ID : EXPB13864**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

40.00

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

PAGE 129 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. SUE SULLIVAN FOR CONGRESS

Mailing Address PO BOX 1133

City
KINGSTONState
CAZip Code
12402

Purpose of Disbursement

ERMK: SYLVIA STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

SULLIVAN, SUE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 19

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	7

FEC Identification Number

C C00640680**Transaction ID : EXPB13848**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City
MADISONState
WIZip Code
53701

Purpose of Disbursement

ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

BALDWIN, TAMMY, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: WI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	7

FEC Identification Number

C C00326801**Transaction ID : EXPB13854**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City
MADISONState
WIZip Code
53701

Purpose of Disbursement

ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name

BALDWIN, TAMMY, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: WI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	7

FEC Identification Number

C C00326801**Transaction ID : EXPB13869**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

40.00

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

PAGE 130 OF 133

<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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. VICKI JENSEN FOR CONGRESS

Mailing Address P.O. BOX 346

City
OWATONNAState
MNZip Code
55060

Purpose of Disbursement

ERMK: SYLVIA STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name

JENSEN, VICKI, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MN

District: 01

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2017

FEC Identification Number

C C00647040**Transaction ID : EXPB13845**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30.00

72705.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 131 OF 133

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HANSON BRIDGETT LLP

Nature of Debt (Purpose):

LEGAL AND COMPLIANCE

Mailing Address 425 MARKET STREET, 26TH FLOOR

City
SAN FRANCISCOState
CAZip Code
94105

Outstanding Balance Beginning This Period

1305.00

Transaction ID : PAYD3367

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1305.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUP

Nature of Debt (Purpose):

COMPLIANCE/REPORTING

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

3007.50

Transaction ID : PAYD9592

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3007.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUP

Nature of Debt (Purpose):

COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

1890.94

Transaction ID : PAYD11385

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1890.94

1) **SUBTOTALS** This Period This Page (optional)..... ►

6203.44

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 132 OF 133

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10
NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUPNature of Debt (Purpose):
COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

2501.05

Transaction ID : PAYD12409

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2501.05

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUPNature of Debt (Purpose):
COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

1282.50

Transaction ID : PAYD12795

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1282.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUPNature of Debt (Purpose):
COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD13599

Amount Incurred This Period

2348.33

Payment This Period

0.00

Outstanding Balance at Close of This Period

2348.33

1) **SUBTOTALS** This Period This Page (optional)..... ►

6131.88

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 133 OF 133

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10
NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUPNature of Debt (Purpose):
COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD13600

Amount Incurred This Period

1132.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

1132.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUPNature of Debt (Purpose):
COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD13601

Amount Incurred This Period

963.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

963.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

2096.25

2) **TOTALS** This Period (last page this line number only)..... ►

14431.57

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

14431.57