

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**  
**Tri-State Maxed-Out Women**

ADDRESS (number and street) **PO Box 65322**  
 Check if different than previously reported. (ACC) **Washington DC 20035**

2. **FEC IDENTIFICATION NUMBER** **C** **C00488387** **CITY** **STATE** **ZIP CODE**  
3. IS THIS REPORT  **NEW (N)** OR  **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day **POST-Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period   /   /      through   /   /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer **Dickstein Sudolsky, Marcia, , ,**

Signature of Treasurer **Dickstein Sudolsky, Marcia, , ,** Date   /   /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Tri-State Maxed-Out Women

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2024"/>  |  | <input type="text" value="59886.40"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="195068.60"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="20515.22"/>  | <input type="text" value="236163.69"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="215583.82"/> | <input type="text" value="296050.09"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="61925.13"/>  | <input type="text" value="142391.40"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="153658.69"/> | <input type="text" value="153658.69"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>      |  |

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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Tri-State Maxed-Out Women**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 20515.00                      | 216845.00                         |
| (ii) Unitemized .....   | 0.00                          | 318.00                            |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 20515.00                      | 217163.00                         |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 20515.00                      | 217163.00                         |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.22                          | 19000.69                          |
| 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)).....▶                         | 20515.22                      | 236163.69                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 20515.22                      | 236163.69                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 4732.86                       | 37046.21                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 4732.86                       | 37046.21                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 42500.00                      | 58500.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 6000.00                           |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 6000.00                           |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 14692.27                      | 40845.19                          |
| 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)) ..      | 61925.13                      | 142391.40                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 61925.13                      | 142391.40                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 20515.00                              | 217163.00                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 6000.00                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 20515.00                              | 211163.00                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 4732.86                               | 37046.21                                  |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 4732.86                               | 37046.21                                  |

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 6 OF 33 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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)  
**Tri-State Maxed-Out Women**

**A. Altman, Marlene, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 522 W End Ave  
 Apt # 15C  
 City New York State NY Zip Code 10024-3211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 06 / 2024  
**Transaction ID : 4835915**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**B. ACTBLUE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City West Somerville State MA Zip Code 02144-0031  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 16515.00

Date of Receipt 03 / 11 / 2024  
**Transaction ID : 4835915E**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**C. Baer, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1211 Polk St  
 City Hollywood State FL Zip Code 33019-1034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Port Everglades Association Occupation (for Individual) Association Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2024  
**Transaction ID : 4835917**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 \* Earmarked Contribution: See Below

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1700.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 OF 33                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. ACTBLUE**

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

Mailing Address PO Box 441146

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>West Somerville | State<br>MA | Zip Code<br>02144-0031 |
|-------------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
16515.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 25    |   | 2024        |

**Transaction ID : 4835917E**

Amount of Each Receipt this Period  
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B. Goldberg, Amy, , ,**

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

Mailing Address 215 E 68Th St

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>New York | State<br>NY | Zip Code<br>10065-5718 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Self | Occupation (for Individual)<br>Communications Consultant |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 29    |   | 2024        |

**Transaction ID : 4837320**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C. Hirsch, Abby, , ,**

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

Mailing Address 9428 Eden Roc Ct

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Delray Beach | State<br>FL | Zip Code<br>33446-3601 |
|----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>Marketing |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 04    |   | 2024        |

**Transaction ID : 4835913**

Amount of Each Receipt this Period  
500.00

Memo Item

\* Earmarked Contribution: See Below

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 8 OF 33 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

**A. ACTBLUE**

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

Mailing Address PO Box 441146

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>West Somerville | State<br>MA | Zip Code<br>02144-0031 |
|-------------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
16515.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2024  
**Transaction ID : 4835913E**

Amount of Each Receipt this Period  
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B. Kaftan, Mari, , ,**

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

Mailing Address 2970 Oakbrooke Ct

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>West Bloomfield | State<br>MI | Zip Code<br>48323-3545 |
|-------------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Not Employed | Occupation (for Individual)<br>Not Employed |
|---|---|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
545.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2024  
**Transaction ID : 4835920**

Amount of Each Receipt this Period  
15.00

Memo Item

\* Earmarked Contribution: See Below

**C. ACTBLUE**

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

Mailing Address PO Box 441146

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>West Somerville | State<br>MA | Zip Code<br>02144-0031 |
|-------------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
16515.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2024  
**Transaction ID : 4835920E**

Amount of Each Receipt this Period  
15.00

Memo Item

Note: Above Contribution earmarked through this organization.

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 15.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 9 OF 33  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Kline, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7107 Ayrshire Ln  
 City Boca Raton State FL Zip Code 33496-1419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2024  
**Transaction ID : 4835928**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**B. ACTBLUE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City West Somerville State MA Zip Code 02144-0031  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 16515.00

Date of Receipt 03 / 31 / 2024  
**Transaction ID : 4835928E**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**C. Levkoff, Steven, Douglas, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 N Moore St Apt 7A  
 City New York State NY Zip Code 10013-5723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 01 / 2024  
**Transaction ID : 4837319**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

|   |                              |
|---|------------------------------|
| FOR LINE NUMBER:                        | PAGE 10 OF 33                |
| (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)  
**Tri-State Maxed-Out Women**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Mason, Valerie, , ,**

Mailing Address 320 E 72Nd St  
Apt 11B

City New York State NY Zip Code 10021-5252

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

Name of Employer (for Individual) Otterbourg P.C. Occupation (for Individual) Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
03 / 21 / 2024  
**Transaction ID : 4835918**

Amount of Each Receipt this Period  
2000.00

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
16515.00

Date of Receipt  
03 / 25 / 2024  
**Transaction ID : 4835918E**

Amount of Each Receipt this Period  
2000.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 322 W 72Nd St

City New York State NY Zip Code 10023-2676

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
03 / 21 / 2024  
**Transaction ID : 4835919**

Amount of Each Receipt this Period  
1500.00

Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00

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

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 11 OF 33 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

**A. ACTBLUE**

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

Mailing Address PO Box 441146

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>West Somerville | State<br>MA | Zip Code<br>02144-0031 |
|-------------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
16515.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 25    | / | 2024        |

**Transaction ID : 4835919E**

Amount of Each Receipt this Period  
1500.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B. Paz, Margo, , ,**

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

Mailing Address 236 E 62Nd St

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>New York | State<br>NY | Zip Code<br>10065-8329 |
|------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>UJA-Federation Of NY | Occupation (for Individual)<br>Policy Advisor |
|---|---|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 24    | / | 2024        |

**Transaction ID : 4835921**

Amount of Each Receipt this Period  
1200.00

Memo Item

\* Earmarked Contribution: See Below

**C. ACTBLUE**

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

Mailing Address PO Box 441146

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>West Somerville | State<br>MA | Zip Code<br>02144-0031 |
|-------------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
16515.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 25    | / | 2024        |

**Transaction ID : 4835921E**

Amount of Each Receipt this Period  
1200.00

Memo Item

Note: Above Contribution earmarked through this organization.

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 12 OF 33 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

**A. Philips, Marian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 411 E 53Rd St  
 City New York State NY Zip Code 10022-5106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **03 / 08 / 2024**  
**Transaction ID : 4835916**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**B. ACTBLUE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City West Somerville State MA Zip Code 02144-0031  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 16515.00

Date of Receipt **03 / 11 / 2024**  
**Transaction ID : 4835916E**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**C. Salmanson, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 190 E 72Nd St  
 City New York State NY Zip Code 10021-4370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 25 / 2024**  
**Transaction ID : 4835926**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 \* Earmarked Contribution: See Below

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 6200.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 OF 33                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. ACTBLUE**

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

Mailing Address PO Box 441146

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>West Somerville | State<br>MA | Zip Code<br>02144-0031 |
|-------------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
16515.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2024

**Transaction ID : 4835926E**

Amount of Each Receipt this Period  
5000.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B. Sapery, Elisabeth, , ,**

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

Mailing Address 180 W 58Th St

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>New York | State<br>NY | Zip Code<br>10019-2145 |
|------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Not Employed | Occupation (for Individual)<br>Not Employed |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024

**Transaction ID : 4835908**

Amount of Each Receipt this Period  
1200.00

Memo Item

\* Earmarked Contribution: See Below

**C. ACTBLUE**

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

Mailing Address PO Box 441146

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>West Somerville | State<br>MA | Zip Code<br>02144-0031 |
|-------------------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
16515.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2024

**Transaction ID : 4835908E**

Amount of Each Receipt this Period  
1200.00

Memo Item

Note: Above Contribution earmarked through this organization.

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1200.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |  |   |   |  |
|---|--|---|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 14 OF 33   |   |  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 | <input type="checkbox"/> 11c<br><input type="checkbox"/> 15 | <input type="checkbox"/> 12<br><input type="checkbox"/> 16 |

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

**A. Sarnoff, Rosita, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 E 69Th St  
 City New York State NY Zip Code 10021-5704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **03 / 05 / 2024**  
**Transaction ID : 4835914**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**B. ACTBLUE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City West Somerville State MA Zip Code 02144-0031  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 16515.00

Date of Receipt **03 / 11 / 2024**  
**Transaction ID : 4835914E**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**C. Sugarman, Jill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15958 Lomond Hills Trl  
 City Delray Beach State FL Zip Code 33446-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 30 / 2024**  
**Transaction ID : 4835927**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 \* Earmarked Contribution: See Below

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1700.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 15 OF 33   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

**A. ACTBLUE**

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 16515.00

Date of Receipt  
03 / 31 / 2024

**Transaction ID : 4835927E**

Amount of Each Receipt this Period  
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B.**

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

Mailing Address

City State Zip Code

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.**

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

Mailing Address

City State Zip Code

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 0.00     |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 20515.00 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

Purpose of Disbursement  
PAC Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 04 / 2024

FEC Identification Number: C00401224  
**Transaction ID : 500143959**

Amount of Each Disbursement this Period: 47.40

Memo Item

**B. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

Purpose of Disbursement  
PAC Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 11 / 2024

FEC Identification Number: C00401224  
**Transaction ID : 500143960**

Amount of Each Disbursement this Period: 161.95

Memo Item

**C. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

Purpose of Disbursement  
PAC Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 25 / 2024

FEC Identification Number: C00401224  
**Transaction ID : 500143961**

Amount of Each Disbursement this Period: 206.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 415.35

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

### A. ActBlue Technical Services

Mailing Address PO Box 441146

City  
West Somerville

State  
MA

Zip Code  
02144-0031

Purpose of Disbursement  
PAC Credit Card Processing Fee

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C C00401224

**Transaction ID : 500143962**

Amount of Each Disbursement this Period

237.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Bachofen, Chloe, , ,

Mailing Address 367 20Th St  
Apt 11

City  
Brooklyn

State  
NY

Zip Code  
11215-6414

Purpose of Disbursement  
PAC Administrative Services

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 3 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

**Transaction ID : 500144407**

Amount of Each Disbursement this Period

65.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Curb Mobility LLC

Mailing Address 1111 34Th Ave

City  
Long Island City

State  
NY

Zip Code  
11106-4923

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 4 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

**Transaction ID : 500144412**

Amount of Each Disbursement this Period

38.70

Memo Item

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

340.70

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Curb Mobility LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1111 34Th Ave

City Long Island City State NY Zip Code 11106-4923

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 13 / 2024

FEC Identification Number: C  
**Transaction ID : 500144413**

Amount of Each Disbursement this Period: 17.50

Memo Item

**B. Curb Mobility LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1111 34Th Ave

City Long Island City State NY Zip Code 11106-4923

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 18 / 2024

FEC Identification Number: C  
**Transaction ID : 500144414**

Amount of Each Disbursement this Period: 66.49

Memo Item

**C. Curb Mobility LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1111 34Th Ave

City Long Island City State NY Zip Code 11106-4923

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 20 / 2024

FEC Identification Number: C  
**Transaction ID : 500144415**

Amount of Each Disbursement this Period: 17.16

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 101.15

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Curb Mobility LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1111 34Th Ave

City Long Island City State NY Zip Code 11106-4923

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 21 / 2024

FEC Identification Number: C  
**Transaction ID : 500144416**

Amount of Each Disbursement this Period: 25.20

Memo Item

**B. Curb Mobility LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1111 34Th Ave

City Long Island City State NY Zip Code 11106-4923

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 27 / 2024

FEC Identification Number: C  
**Transaction ID : 500144417**

Amount of Each Disbursement this Period: 20.16

Memo Item

**C. Curb Mobility LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1111 34Th Ave

City Long Island City State NY Zip Code 11106-4923

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 29 / 2024

FEC Identification Number: C  
**Transaction ID : 500144418**

Amount of Each Disbursement this Period: 13.26

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 58.62

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Delta Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 18 / 2024

FEC Identification Number: C

Transaction ID : 500144421

Amount of Each Disbursement this Period: 331.10

Memo Item

**B. Dickstein Sudolsky, Marcia, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 445 Park Ave

City New York State NY Zip Code 10022-2606

Purpose of Disbursement  
PAC Reimbursement - See Below if Itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 20 / 2024

FEC Identification Number: C

Transaction ID : 500144440

Amount of Each Disbursement this Period: 169.73

Memo Item

**C. Verizon Wireless**

Full Name (Last, First, Middle Initial)

Mailing Address 140 West St

City New York State NY Zip Code 10007-2141

Purpose of Disbursement  
PAC Phone Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 20 / 2024

FEC Identification Number: C

Transaction ID : 500144441

Amount of Each Disbursement this Period: 169.73

Memo Item \*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 500.83

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Dickstein Sudolsky, Marcia, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 445 Park Ave

City New York State NY Zip Code 10022-2606

Purpose of Disbursement  
PAC Reimbursement - See Below if Itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 20 / 2024

FEC Identification Number: C  
Transaction ID : 500144443  
Amount of Each Disbursement this Period: 112.50

Memo Item

**B. Sudolsky, Brian, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 131 E 93Rd St Apt 1CD

City New York State NY Zip Code 10128-1606

Purpose of Disbursement  
PAC Administrative Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 14 / 2024

FEC Identification Number: C  
Transaction ID : 500144442  
Amount of Each Disbursement this Period: 112.50

Memo Item \*

**C. Expedia**

Full Name (Last, First, Middle Initial)

Mailing Address 1111 Expedia Group Way W

City Seattle State WA Zip Code 98119-1111

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 14 / 2024

FEC Identification Number: C  
Transaction ID : 500144424  
Amount of Each Disbursement this Period: 238.53

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 351.03

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. JetBlue**

Full Name (Last, First, Middle Initial)

Mailing Address 2701 Queens Plz N

City Long Island City State NY Zip Code 11101-4020

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 04 / 2024

FEC Identification Number: C

Transaction ID : 500144431

Amount of Each Disbursement this Period: 274.10

Memo Item

**B. Political Compliance Management Services, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 910 17Th St NW Ste 925

City Washington State DC Zip Code 20006-2641

Purpose of Disbursement  
PAC Accounting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 06 / 2024

FEC Identification Number: C

Transaction ID : 500144452

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. Tideline Palm Beach**

Full Name (Last, First, Middle Initial)

Mailing Address 2842 S Ocean Blvd

City Palm Beach State FL Zip Code 33480-6233

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 04 / 2024

FEC Identification Number: C

Transaction ID : 500144459

Amount of Each Disbursement this Period: 519.24

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1293.34

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Tideline Palm Beach</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 15 / 2024   |
| Mailing Address 2842 S Ocean Blvd  |  | FEC Identification Number<br>C<br><b>Transaction ID : 500144460</b><br>Amount of Each Disbursement this Period<br>108.27 |
| City<br>Palm Beach   | State<br>FL  |  |
| Zip Code<br>33480-6233   | Purpose of Disbursement<br>PAC Travel Expense  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |  |
| State:<br>District:  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Tideline Palm Beach</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 18 / 2024   |
| Mailing Address 2842 S Ocean Blvd  |  | FEC Identification Number<br>C<br><b>Transaction ID : 500144461</b><br>Amount of Each Disbursement this Period<br>557.71 |
| City<br>Palm Beach   | State<br>FL  |  |
| Zip Code<br>33480-6233   | Purpose of Disbursement<br>PAC Travel Expense  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |  |
| State:<br>District:  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Uber</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2024   |
| Mailing Address 455 Market St                             |  | FEC Identification Number<br>C<br><b>Transaction ID : 500144463</b><br>Amount of Each Disbursement this Period<br>141.49 |
| City<br>San Francisco                                     | State<br>CA  |  |
| Zip Code<br>94105-2420                                    | Purpose of Disbursement<br>PAC Travel Expense  | Category/<br>Type  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |  |
| State:<br>District:                                       | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 807.47 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

### A. Uber

Mailing Address 455 Market St

City  
San Francisco

State  
CA

Zip Code  
94105-2420

Purpose of Disbursement

PAC Travel Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : 500144464

Amount of Each Disbursement this Period

58.70

Memo Item

Full Name (Last, First, Middle Initial)

### B. Uber

Mailing Address 455 Market St

City  
San Francisco

State  
CA

Zip Code  
94105-2420

Purpose of Disbursement

PAC Travel Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 2 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : 500144465

Amount of Each Disbursement this Period

42.67

Memo Item

Full Name (Last, First, Middle Initial)

### C. Uber

Mailing Address 455 Market St

City  
San Francisco

State  
CA

Zip Code  
94105-2420

Purpose of Disbursement

PAC Travel Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 3 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : 500144466

Amount of Each Disbursement this Period

102.33

Memo Item

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

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

203.70



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 455 Market St

City  
San Francisco

State  
CA

Zip Code  
94105-2420

Purpose of Disbursement

PAC Travel Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C [REDACTED]

Transaction ID : 500144467

Amount of Each Disbursement this Period

[REDACTED] 66.92

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 455 Market St

City  
San Francisco

State  
CA

Zip Code  
94105-2420

Purpose of Disbursement

PAC Travel Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 9 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C [REDACTED]

Transaction ID : 500144469

Amount of Each Disbursement this Period

[REDACTED] 51.17

Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 455 Market St

City  
San Francisco

State  
CA

Zip Code  
94105-2420

Purpose of Disbursement

PAC Travel Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 6 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C [REDACTED]

Transaction ID : 500144468

Amount of Each Disbursement this Period

[REDACTED] 59.68

Memo Item

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

[REDACTED] 177.77

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

[REDACTED] 4249.96

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

**A. BIDEN VICTORY FUND**

Mailing Address 430 S Capitol St SE

City  
Washington

State  
DC

Zip Code  
20003-4024

Purpose of Disbursement

Contribution

Candidate Name

BIDEN VICTORY FUND

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 6 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C00744946

Transaction ID : 500144403

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

**B. Christina Bohannan For Congress**

Mailing Address PO Box 722

City  
Iowa City

State  
IA

Zip Code  
52244-0722

Purpose of Disbursement

Contribution

Candidate Name

BOHANNAN, CHRISTINA, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: IA District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 1 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C00787820

Transaction ID : 500144408

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

**C. DEBBIE FOR FLORIDA**

Mailing Address PO Box 432250

City  
South Miami

State  
FL

Zip Code  
33243-2250

Purpose of Disbursement

Contribution

Candidate Name

MUCARSEL-POWELL, DEBBIE, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C00848648

Transaction ID : 500144420

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Memo Item

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

**A. ENGEL FOR ARIZONA**

Mailing Address PO Box 40721

City  
Tucson

State  
AZ

Zip Code  
85717-0721

Purpose of Disbursement

Contribution

Candidate Name

ENGEL, KIRSTEN, , ,

Office Sought:  House  
 Senate  
 President

State: AZ District: 06

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C C00773820

Transaction ID : 500144422

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ENGEL FOR ARIZONA**

Mailing Address PO Box 40721

City  
Tucson

State  
AZ

Zip Code  
85717-0721

Purpose of Disbursement

Contribution

Candidate Name

ENGEL, KIRSTEN, , ,

Office Sought:  House  
 Senate  
 President

State: AZ District: 06

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C C00773820

Transaction ID : 500144423

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Gillen For Congress**

Mailing Address PO Box 774

City  
Rockville Centre

State  
NY

Zip Code  
11571-0774

Purpose of Disbursement

Contribution

Candidate Name

GILLEN, LAURA, , ,

Office Sought:  House  
 Senate  
 President

State: NY District: 04

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 1 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C C00806547

Transaction ID : 500144427

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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

Form A: Gillen For Congress. Includes fields for Name, Address, Date of Disbursement (03/11/2024), FEC ID (C00806547), Transaction ID (500144428), and Amount (2500.00).

Form B: GILLIBRAND FOR SENATE. Includes fields for Name, Address, Date of Disbursement (03/29/2024), FEC ID (C00413914), Transaction ID (500144429), and Amount (2500.00).

Form C: GILLIBRAND FOR SENATE. Includes fields for Name, Address, Date of Disbursement (03/29/2024), FEC ID (C00413914), Transaction ID (500144430), and Amount (2500.00).

SUBTOTAL of Disbursements This Page (optional) 7500.00
TOTAL This Period (last page this line number only)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

### A. KAPTUR FOR CONGRESS

Mailing Address PO Box 899

City Toledo

State OH

Zip Code 43697-0899

Purpose of Disbursement

Contribution

Candidate Name

KAPTUR, MARCY, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: OH District: 09

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 7 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C00154625

Transaction ID : 500144432

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. KRISTEN FOR MICHIGAN

Mailing Address PO Box 854

City Bay City

State MI

Zip Code 48707-0854

Purpose of Disbursement

Contribution

Candidate Name

MCDONALD RIVET, KRISTEN, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: MI District: 08

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 1 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C00864207

Transaction ID : 500144434

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Nikki For Congress

Mailing Address PO Box 5171

City Springfield

State IL

Zip Code 62705-5171

Purpose of Disbursement

Contribution

Candidate Name

BUDZINSKI, NIKKI, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 5 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C00787812

Transaction ID : 500144449

Amount of Each Disbursement this Period

2000.00

Memo Item

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

9500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

### A. ROSEN FOR NEVADA

Mailing Address 1000 N Green Valley Pkwy  
# 440-177

City  
Henderson

State  
NV

Zip Code  
89074-6170

Purpose of Disbursement

Contribution

Candidate Name

ROSEN, JACKY, , ,

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  
 General  
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C00606939

Transaction ID : 500144454

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. SCHOLTEN FOR CONGRESS

Mailing Address PO Box 6233

City  
Grand Rapids

State  
MI

Zip Code  
49516-6233

Purpose of Disbursement

Contribution

Candidate Name

SCHOLTEN, HILLARY, , ,

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  
 General  
 Other (specify) ▼

State: MI District: 03

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 1 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C00711317

Transaction ID : 500144455

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. TITUS FOR CONGRESS

Mailing Address 72454 PO Box

City  
Las Vegas

State  
NV

Zip Code  
89170-2454

Purpose of Disbursement

Contribution

Candidate Name

TITUS, DINA, , ,

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  
 General  
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 1 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C00499467

Transaction ID : 500144462

Amount of Each Disbursement this Period

5000.00

Memo Item

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

11000.00

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

42500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. Bachofen, Chloe, , ,**

Mailing Address 367 20Th St  
Apt 11

City  
Brooklyn

State  
NY

Zip Code  
11215-6414

Purpose of Disbursement  
Non Contribution Account PAC Administrative Services

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 13    |   | 2024      |

FEC Identification Number

C [REDACTED]

**Transaction ID : 500144406**

Amount of Each Disbursement this Period

[REDACTED] 65.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Chase Bank**

Mailing Address 270 Park Ave

City  
New York

State  
NY

Zip Code  
10017-2014

Purpose of Disbursement  
Non Contribution Account PAC Bank Fee

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 01    |   | 2024      |

FEC Identification Number

C [REDACTED]

**Transaction ID : 500144405**

Amount of Each Disbursement this Period

[REDACTED] 66.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. Dickstein Sudolsky, Marcia, , ,**

Mailing Address 445 Park Ave

City  
New York

State  
NY

Zip Code  
10022-2606

Purpose of Disbursement  
Non Contribution Account PAC Administrative Services

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 12    |   | 2024      |

FEC Identification Number

C [REDACTED]

**Transaction ID : 500144436**

Amount of Each Disbursement this Period

[REDACTED] 6875.00

Memo Item

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

[REDACTED] 7006.50

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

**A. Dickstein Sudolsky, Marcia, , ,**

Mailing Address 445 Park Ave

City  
New York

State  
NY

Zip Code  
10022-2606

Purpose of Disbursement  
Non Contribution Account PAC Reimbursement - See Below if Itemized

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 4 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C [REDACTED]

Transaction ID : 500144445

Amount of Each Disbursement this Period

[REDACTED] 112.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sudolsky, Brian, , ,**

Mailing Address 131 E 93Rd St  
Apt 1CD

City  
New York

State  
NY

Zip Code  
10128-1606

Purpose of Disbursement  
Non Contribution Account PAC Administrative Services

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 4 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C [REDACTED]

Transaction ID : 500144444

Amount of Each Disbursement this Period

[REDACTED] 112.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. Dickstein Sudolsky, Marcia, , ,**

Mailing Address 445 Park Ave

City  
New York

State  
NY

Zip Code  
10022-2606

Purpose of Disbursement  
Non Contribution Account PAC Reimbursement - See Below if Itemized

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 0 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C [REDACTED]

Transaction ID : 500144439

Amount of Each Disbursement this Period

[REDACTED] 169.72

Memo Item

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

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

[REDACTED] 282.22

[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address 140 West St

City  
New York

State  
NY

Zip Code  
10007-2141

Purpose of Disbursement  
Non Contribution Account PAC Phone Services

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 0 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C [REDACTED]

**Transaction ID : 500144438**

Amount of Each Disbursement this Period

[REDACTED] 169.72

Memo Item \*

Full Name (Last, First, Middle Initial)

**B. Dickstein Sudolsky, Marcia, , ,**

Mailing Address 445 Park Ave

City  
New York

State  
NY

Zip Code  
10022-2606

Purpose of Disbursement  
Non Contribution Account PAC Administrative Services

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 9 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C [REDACTED]

**Transaction ID : 500144437**

Amount of Each Disbursement this Period

[REDACTED] 6875.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Political Compliance Management Services, LLC**

Mailing Address 910 17Th St NW Ste 925

City  
Washington

State  
DC

Zip Code  
20006-2641

Purpose of Disbursement  
Non Contribution Account PAC Accounting Services

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 6 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C [REDACTED]

**Transaction ID : 500144453**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

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

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

[REDACTED] 7375.00

[REDACTED] 14663.72