

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.
WOMENCOUNT PAC

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

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

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

5. Covering Period 02 / 01 / 2016 through 02 / 29 / 2016

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 JESSE MAINARDI

Signature of Treasurer JESSE MAINARDI [Electronically Filed] Date 03 / 18 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WOMENCOUNT PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="3658.53"/>	<input type="text" value="3658.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12604.82"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8434.99"/>	<input type="text" value="18696.79"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="21039.81"/>	<input type="text" value="22355.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18142.09"/>	<input type="text" value="19457.60"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2897.72"/>	<input type="text" value="2897.72"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="1305.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
WOMENCOUNT PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7725.00	17952.50
(ii) Unitemized	0.01	0.01
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7725.01	17952.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	661.68	695.98
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8386.69	18648.49
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.).....	48.30	48.30
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))..... ▶	8434.99	18696.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8434.99	18696.79

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1599.59	2425.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1599.59	2425.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	490.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	16542.50	16542.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18142.09	19457.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18142.09	19457.60

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8386.69	18648.49
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8386.69	18648.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1599.59	2425.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1599.59	2425.10

**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 253
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KAREN ALTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1141 FOREST AVENUE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, SAME NAME Occupation CONSULTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2016
Transaction ID : INCA3474
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. DR. DOLORES MCCABE
 Full Name (Last, First, Middle Initial)
 Mailing Address 112, NORMA ROAD
 City YEADON State PA Zip Code 19050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED PASTOR/PROFESSOR Occupation COUNCILWOMAN, YEADON BOROUGH, PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016
Transaction ID : INCA3473
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. LISA OKELLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2883 WOODSIDE RD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016
Transaction ID : INCA3472
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA3474

ERMK: KIRKPATRICK FOR SENATE

Form/Schedule: SA11AI

Transaction ID: INCA3473

ERMK: HILLARY FOR AMERICA

**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 253
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. LISA OKELLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2883 WOODSIDE RD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016
Transaction ID : INCA3471
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. JOANN LOULAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 LOS TRANCOS CIRCLE
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, SAME NAME Occupation COUNSELOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : INCA3458
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. JOANN LOULAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 LOS TRANCOS CIRCLE
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, SAME NAME Occupation COUNSELOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : INCA3463
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA3471

ERMK: KIRKPATRICK FOR SENATE

Form/Schedule: SA11AI

Transaction ID: INCA3458

ERMK: TERRI SEWELL FOR CONGRESS

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 253
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. JOANN LOULAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 LOS TRANCOS CIRCLE
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, SAME NAME Occupation COUNSELOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : INCA3459
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. JOANN LOULAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 LOS TRANCOS CIRCLE
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, SAME NAME Occupation COUNSELOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : INCA3460
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. JOANN LOULAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 LOS TRANCOS CIRCLE
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, SAME NAME Occupation COUNSELOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : INCA3461
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA3459

ERMK: VAL DEMINGS FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3460

ERMK: MOORE FOR CONGRESS

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

Form/Schedule: SA11AI

Transaction ID : INCA3461

ERMK: KAREN BASS FOR CONGRESS

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 253
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. JOANN LOULAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 LOS TRANCOS CIRCLE
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, SAME NAME Occupation COUNSELOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : INCA3456
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. JOANN LOULAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 LOS TRANCOS CIRCLE
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, SAME NAME Occupation COUNSELOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : INCA3457
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. JOANN LOULAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 LOS TRANCOS CIRCLE
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, SAME NAME Occupation COUNSELOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : INCA3462
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : INCA3456

ERMK: KAMALA HARRIS FOR SENATE

Form/Schedule: SA11AI

Transaction ID: INCA3457

ERMK: DONNA EDWARDS FOR SENATE

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

Form/Schedule: SA11AI

Transaction ID : INCA3462

ERMK: MARCIA FUDGE FOR CONGRESS

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 253
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STACY MASON
Full Name (Last, First, Middle Initial)

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO	State CA	Zip Code 94301
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FEC ID number of contributing federal political committee. **C**

Name of Employer WOMENCOUNT	Occupation EXECUTIVE DIRECTOR
--------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : INCA3466

Amount of Each Receipt this Period
5.00

Memo Item

B. STACY MASON
Full Name (Last, First, Middle Initial)

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO	State CA	Zip Code 94301
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FEC ID number of contributing federal political committee. **C**

Name of Employer WOMENCOUNT	Occupation EXECUTIVE DIRECTOR
--------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : INCA3467

Amount of Each Receipt this Period
5.00

Memo Item

C. STACY MASON
Full Name (Last, First, Middle Initial)

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO	State CA	Zip Code 94301
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FEC ID number of contributing federal political committee. **C**

Name of Employer WOMENCOUNT	Occupation EXECUTIVE DIRECTOR
--------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : INCA3465

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : INCA3466

ERMK: TERRI SEWELL FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3467

ERMK: VAL DEMINGS FOR CONGRESS

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

Form/Schedule: SA11AI

Transaction ID : INCA3465

ERMK: DONNA EDWARDS FOR SENATE

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 253
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STACY MASON
Full Name (Last, First, Middle Initial)

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO	State CA	Zip Code 94301
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FEC ID number of contributing federal political committee. **C**

Name of Employer WOMENCOUNT	Occupation EXECUTIVE DIRECTOR
--------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : INCA3464

Amount of Each Receipt this Period
5.00

Memo Item

B. STACY MASON
Full Name (Last, First, Middle Initial)

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer WOMENCOUNT	Occupation EXECUTIVE DIRECTOR
--------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : INCA3470

Amount of Each Receipt this Period
5.00

Memo Item

C. STACY MASON
Full Name (Last, First, Middle Initial)

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer WOMENCOUNT	Occupation EXECUTIVE DIRECTOR
--------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : INCA3469

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA3464

ERMK: KAMALA HARRIS FOR SENATE

Form/Schedule: SA11AI

Transaction ID: INCA3470

ERMK: MARCIA FUDGE FOR CONGRESS

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

Form/Schedule: SA11AI

Transaction ID : INCA3469

ERMK: KAREN BASS FOR CONGRESS

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 253
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STACY MASON
Full Name (Last, First, Middle Initial)

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO State CA Zip Code 94301

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

Name of Employer WOMENCOUNT Occupation EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : INCA3468

Amount of Each Receipt this Period
5.00

Memo Item

B. ROSEMARY CAMPOSANO
Full Name (Last, First, Middle Initial)

Mailing Address 505 SAN FELICIA WAY

City LOS ALTOS State CA Zip Code 94022

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

Name of Employer HALO BLOW DRY BARS, INC. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2016

Transaction ID : INCA3454

Amount of Each Receipt this Period
28.57

Memo Item

C. ROSEMARY CAMPOSANO
Full Name (Last, First, Middle Initial)

Mailing Address 505 SAN FELICIA WAY

City LOS ALTOS State CA Zip Code 94022

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

Name of Employer HALO BLOW DRY BARS, INC. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2016

Transaction ID : INCA3455

Amount of Each Receipt this Period
28.58

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	62.15
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3468

ERMK: MOORE FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3454

ERMK: KAREN BASS FOR CONGRESS

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

Form/Schedule: SA11AI

Transaction ID : INCA3455

ERMK: MARCIA FUDGE FOR CONGRESS

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 253
	<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)
WOMENCOUNT PAC

A. ROSEMARY CAMPOSANO
Full Name (Last, First, Middle Initial)
Mailing Address 505 SAN FELICIA WAY

City	State	Zip Code
LOS ALTOS	CA	94022

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

Name of Employer	Occupation
HALO BLOW DRY BARS, INC.	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2016

Transaction ID : INCA3449

Amount of Each Receipt this Period
28.57

Memo Item

B. ROSEMARY CAMPOSANO
Full Name (Last, First, Middle Initial)
Mailing Address 505 SAN FELICIA WAY

City	State	Zip Code
LOS ALTOS	CA	94022

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

Name of Employer	Occupation
HALO BLOW DRY BARS, INC.	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2016

Transaction ID : INCA3451

Amount of Each Receipt this Period
28.57

Memo Item

C. ROSEMARY CAMPOSANO
Full Name (Last, First, Middle Initial)
Mailing Address 505 SAN FELICIA WAY

City	State	Zip Code
LOS ALTOS	CA	94022

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

Name of Employer	Occupation
HALO BLOW DRY BARS, INC.	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2016

Transaction ID : INCA3452

Amount of Each Receipt this Period
28.57

Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.71
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3449

ERMK: KAMALA HARRIS FOR SENATE

Form/Schedule: SA11AI

Transaction ID: INCA3451

ERMK: TERRI SEWELL FOR CONGRESS

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

Form/Schedule: SA11AI

Transaction ID : INCA3452

ERMK: VAL DEMINGS FOR CONGRESS

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 253
	<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

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ROSEMARY CAMPOSANO
Full Name (Last, First, Middle Initial)
Mailing Address 505 SAN FELICIA WAY

City	State	Zip Code
LOS ALTOS	CA	94022

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

Name of Employer	Occupation
HALO BLOW DRY BARS, INC.	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2016

Transaction ID : INCA3450

Amount of Each Receipt this Period

28.57

 Memo Item

B. ROSEMARY CAMPOSANO
Full Name (Last, First, Middle Initial)
Mailing Address 505 SAN FELICIA WAY

City	State	Zip Code
LOS ALTOS	CA	94022

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

Name of Employer	Occupation
HALO BLOW DRY BARS, INC.	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2016

Transaction ID : INCA3453

Amount of Each Receipt this Period

28.57

 Memo Item

C. HELENE LINCHEY
Full Name (Last, First, Middle Initial)
Mailing Address 1850 MELVIN RD.

City	State	Zip Code
OAKLAND	CA	94602

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

Name of Employer	Occupation
SAN LEANDRO UNIFIED SCHOOL DISTRICT	TEACHER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2016

Transaction ID : INCA3441

Amount of Each Receipt this Period

5.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	▶	62.14
TOTAL This Period (last page this line number only).....	▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA3450

ERMK: DONNA EDWARDS FOR SENATE

Form/Schedule: SA11AI

Transaction ID: INCA3453

ERMK: MOORE FOR CONGRESS

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

Form/Schedule: SA11AI

Transaction ID : INCA3441

ERMK: KAMALA HARRIS FOR SENATE

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 253
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HELENE LINCHEY
Full Name (Last, First, Middle Initial)

Mailing Address 1850 MELVIN RD.

City OAKLAND	State CA	Zip Code 94602
-----------------	-------------	-------------------

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

Name of Employer SAN LEANDRO UNIFIED SCHOOL DISTRICT	Occupation TEACHER
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2016

Transaction ID : INCA3446

Amount of Each Receipt this Period
5.00

Memo Item

B. HELENE LINCHEY
Full Name (Last, First, Middle Initial)

Mailing Address 1850 MELVIN RD.

City OAKLAND	State CA	Zip Code 94602
-----------------	-------------	-------------------

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

Name of Employer SAN LEANDRO UNIFIED SCHOOL DISTRICT	Occupation TEACHER
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2016

Transaction ID : INCA3444

Amount of Each Receipt this Period
5.00

Memo Item

C. HELENE LINCHEY
Full Name (Last, First, Middle Initial)

Mailing Address 1850 MELVIN RD.

City OAKLAND	State CA	Zip Code 94602
-----------------	-------------	-------------------

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

Name of Employer SAN LEANDRO UNIFIED SCHOOL DISTRICT	Occupation TEACHER
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2016

Transaction ID : INCA3445

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : INCA3446

ERMK: KAREN BASS FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3444

ERMK: VAL DEMINGS FOR CONGRESS

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

Form/Schedule: SA11AI

Transaction ID : INCA3445

ERMK: MOORE FOR CONGRESS

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 253
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HELENE LINCHEY
Full Name (Last, First, Middle Initial)

Mailing Address 1850 MELVIN RD.

City OAKLAND	State CA	Zip Code 94602
-----------------	-------------	-------------------

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

Name of Employer SAN LEANDRO UNIFIED SCHOOL DISTRICT	Occupation TEACHER
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2016

Transaction ID : INCA3443

Amount of Each Receipt this Period
5.00

Memo Item

B. HELENE LINCHEY
Full Name (Last, First, Middle Initial)

Mailing Address 1850 MELVIN RD.

City OAKLAND	State CA	Zip Code 94602
-----------------	-------------	-------------------

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

Name of Employer SAN LEANDRO UNIFIED SCHOOL DISTRICT	Occupation TEACHER
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2016

Transaction ID : INCA3442

Amount of Each Receipt this Period
5.00

Memo Item

C. HELENE LINCHEY
Full Name (Last, First, Middle Initial)

Mailing Address 1850 MELVIN RD.

City OAKLAND	State CA	Zip Code 94602
-----------------	-------------	-------------------

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

Name of Employer SAN LEANDRO UNIFIED SCHOOL DISTRICT	Occupation TEACHER
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2016

Transaction ID : INCA3448

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA3443

ERMK: TERRI SEWELL FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3442

ERMK: DONNA EDWARDS FOR SENATE

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

Form/Schedule: SA11AI

Transaction ID : INCA3448

ERMK: HILLARY FOR AMERICA

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 253
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HELENE LINCHEY
Full Name (Last, First, Middle Initial)

Mailing Address 1850 MELVIN RD.

City OAKLAND	State CA	Zip Code 94602
-----------------	-------------	-------------------

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

Name of Employer SAN LEANDRO UNIFIED SCHOOL DISTRICT	Occupation TEACHER
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2016

Transaction ID : INCA3447

Amount of Each Receipt this Period
5.00

Memo Item

B. GARY LAUDER
Full Name (Last, First, Middle Initial)

Mailing Address 88 MERCEDES LANE

City ATHERTON	State CA	Zip Code 94027
------------------	-------------	-------------------

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

Name of Employer LAUDER PARTNERS, LLC	Occupation VENTURE CAPITALIST
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2016

Transaction ID : INCA3534

Amount of Each Receipt this Period
2700.00

Memo Item

C. GARY LAUDER
Full Name (Last, First, Middle Initial)

Mailing Address 88 MERCEDES LANE

City ATHERTON	State CA	Zip Code 94027
------------------	-------------	-------------------

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

Name of Employer LAUDER PARTNERS, LLC	Occupation VENTURE CAPITALIST
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2016

Transaction ID : INCA3533

Amount of Each Receipt this Period
2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5405.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : INCA3447

ERMK: MARCIA FUDGE FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3534

ERMK: CATHERINE CORTEZ MASTO FOR SENATE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3533

ERMK: CATHERINE CORTEZ MASTO FOR SENATE

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 253
	<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)
WOMENCOUNT PAC

A. WAYNE AYERS
Full Name (Last, First, Middle Initial)
Mailing Address 369 OKOLONA ROAD

City JOHNSON CITY	State TN	Zip Code 37601
----------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED, SAME NAME	Occupation TREE FARMER
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2016

Transaction ID : INCA3629

Amount of Each Receipt this Period
5.00

Memo Item

B. WAYNE AYERS
Full Name (Last, First, Middle Initial)
Mailing Address 369 OKOLONA ROAD

City JOHNSON CITY	State TN	Zip Code 37601
----------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED, SAME NAME	Occupation TREE FARMER
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2016

Transaction ID : INCA3627

Amount of Each Receipt this Period
5.00

Memo Item

C. WAYNE AYERS
Full Name (Last, First, Middle Initial)
Mailing Address 369 OKOLONA ROAD

City JOHNSON CITY	State TN	Zip Code 37601
----------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED, SAME NAME	Occupation TREE FARMER
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2016

Transaction ID : INCA3631

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA3629

ERMK: KATIE MCGINTY FOR SENATE

Form/Schedule: SA11AI

Transaction ID: INCA3627

ERMK: KIRKPATRICK FOR SENATE

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

Form/Schedule: SA11AI

Transaction ID : INCA3631

ERMK: DEBORAH ROSS FOR SENATE

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 253
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. WAYNE AYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 369 OKOLONA ROAD
 City JOHNSON CITY State TN Zip Code 37601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, SAME NAME Occupation TREE FARMER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **25.00**

Date of Receipt **02 / 18 / 2016**
Transaction ID : INCA3630
 Amount of Each Receipt this Period **5.00**
 Memo Item

B. WAYNE AYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 369 OKOLONA ROAD
 City JOHNSON CITY State TN Zip Code 37601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, SAME NAME Occupation TREE FARMER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **25.00**

Date of Receipt **02 / 18 / 2016**
Transaction ID : INCA3628
 Amount of Each Receipt this Period **5.00**
 Memo Item

C. JANET COLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 947 ST. MARTIN ST.
 City PITTSBURGH State PA Zip Code 15203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **25.00**

Date of Receipt **02 / 18 / 2016**
Transaction ID : INCA3639
 Amount of Each Receipt this Period **5.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : INCA3630

ERMK: MAGGIE FOR NH

Form/Schedule: SA11AI

Transaction ID: INCA3628

ERMK: TAMMY FOR ILLINOIS

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3639

ERMK: KATIE MCGINTY FOR SENATE

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 46 OF 253
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. JANET COLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 947 ST. MARTIN ST.
 City State Zip Code
 PITTSBURGH PA 15203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016
Transaction ID : INCA3638
 Amount of Each Receipt this Period
 5.00
 Memo Item

B. JANET COLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 947 ST. MARTIN ST.
 City State Zip Code
 PITTSBURGH PA 15203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016
Transaction ID : INCA3641
 Amount of Each Receipt this Period
 5.00
 Memo Item

C. JANET COLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 947 ST. MARTIN ST.
 City State Zip Code
 PITTSBURGH PA 15203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016
Transaction ID : INCA3640
 Amount of Each Receipt this Period
 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 15.00
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI

Transaction ID : INCA3638

ERMK: TAMMY FOR ILLINOIS

Form/Schedule: SA11AI

Transaction ID: INCA3641

ERMK: DEBORAH ROSS FOR SENATE

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

Form/Schedule: SA11AI

Transaction ID : INCA3640

ERMK: MAGGIE FOR NH

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 253
	<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)
WOMENCOUNT PAC

A. JANET COLE
Full Name (Last, First, Middle Initial)

Mailing Address 947 ST. MARTIN ST.

City PITTSBURGH State PA Zip Code 15203

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3637

Amount of Each Receipt this Period
 5.00

Memo Item

B. SANDRA GRUVER
Full Name (Last, First, Middle Initial)

Mailing Address 419 HEDGEROW CT.

City MT. VIEW State CA Zip Code 94041

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3625

Amount of Each Receipt this Period
 5.00

Memo Item

C. SANDRA GRUVER
Full Name (Last, First, Middle Initial)

Mailing Address 419 HEDGEROW CT.

City MT. VIEW State CA Zip Code 94041

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3623

Amount of Each Receipt this Period
 5.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 15.00

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

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

Form/Schedule: SA11AI

Transaction ID : INCA3637

ERMK: KIRKPATRICK FOR SENATE

Form/Schedule: SA11AI

Transaction ID: INCA3625

ERMK: MAGGIE FOR NH

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

Form/Schedule: SA11AI

Transaction ID : INCA3623

ERMK: TAMMY FOR ILLINOIS

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 253
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
WOMENCOUNT PAC

A. SANDRA GRUVER
Full Name (Last, First, Middle Initial)

Mailing Address 419 HEDGEROW CT.

City MT. VIEW	State CA	Zip Code 94041
------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2016

Transaction ID : INCA3622

Amount of Each Receipt this Period
5.00

Memo Item

B. SANDRA GRUVER
Full Name (Last, First, Middle Initial)

Mailing Address 419 HEDGEROW CT.

City MT. VIEW	State CA	Zip Code 94041
------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2016

Transaction ID : INCA3624

Amount of Each Receipt this Period
5.00

Memo Item

C. SANDRA GRUVER
Full Name (Last, First, Middle Initial)

Mailing Address 419 HEDGEROW CT.

City MT. VIEW	State CA	Zip Code 94041
------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2016

Transaction ID : INCA3626

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3622

ERMK: KIRKPATRICK FOR SENATE

Form/Schedule: SA11AI

Transaction ID: INCA3624

ERMK: KATIE MCGINTY FOR SENATE

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

Form/Schedule: SA11AI

Transaction ID : INCA3626

ERMK: DEBORAH ROSS FOR SENATE

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 253
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. WILLIAM KAY
Full Name (Last, First, Middle Initial)

Mailing Address 325 CHANNING AVE. #119

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3633

Amount of Each Receipt this Period
15.00

Memo Item

B. WILLIAM KAY
Full Name (Last, First, Middle Initial)

Mailing Address 325 CHANNING AVE. #119

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3634

Amount of Each Receipt this Period
15.00

Memo Item

C. WILLIAM KAY
Full Name (Last, First, Middle Initial)

Mailing Address 325 CHANNING AVE. #119

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3635

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA3633

ERMK: TAMMY FOR ILLINOIS

Form/Schedule: SA11AI

Transaction ID: INCA3634

ERMK: KATIE MCGINTY FOR SENATE

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

Form/Schedule: SA11AI

Transaction ID : INCA3635

ERMK: MAGGIE FOR NH

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 253
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. WILLIAM KAY
Full Name (Last, First, Middle Initial)

Mailing Address 325 CHANNING AVE. #119

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3636

Amount of Each Receipt this Period
15.00

Memo Item

B. WILLIAM KAY
Full Name (Last, First, Middle Initial)

Mailing Address 325 CHANNING AVE. #119

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3632

Amount of Each Receipt this Period
15.00

Memo Item

C. ELIZABETH MCGRATH
Full Name (Last, First, Middle Initial)

Mailing Address 78 HERITAGE RD

City OAKLAND	State ME	Zip Code 04963
-----------------	-------------	-------------------

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

Name of Employer COLBY COLLEGE	Occupation PROFESSOR
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3642

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	35.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3636

ERMK: DEBORAH ROSS FOR SENATE

Form/Schedule: SA11AI

Transaction ID: INCA3632

ERMK: KIRKPATRICK FOR SENATE

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

Form/Schedule: SA11AI

Transaction ID : INCA3642

ERMK: KIRKPATRICK FOR SENATE

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 253
	<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)
WOMENCOUNT PAC

A. ELIZABETH MCGRATH
Full Name (Last, First, Middle Initial)

Mailing Address 78 HERITAGE RD

City OAKLAND State ME Zip Code 04963

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

Name of Employer COLBY COLLEGE Occupation PROFESSOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3643

Amount of Each Receipt this Period
5.00

Memo Item

B. ELIZABETH MCGRATH
Full Name (Last, First, Middle Initial)

Mailing Address 78 HERITAGE RD

City OAKLAND State ME Zip Code 04963

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

Name of Employer COLBY COLLEGE Occupation PROFESSOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3646

Amount of Each Receipt this Period
5.00

Memo Item

C. ELIZABETH MCGRATH
Full Name (Last, First, Middle Initial)

Mailing Address 78 HERITAGE RD

City OAKLAND State ME Zip Code 04963

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

Name of Employer COLBY COLLEGE Occupation PROFESSOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3645

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA3643

ERMK: TAMMY FOR ILLINOIS

Form/Schedule: SA11AI

Transaction ID: INCA3646

ERMK: DEBORAH ROSS FOR SENATE

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

Form/Schedule: SA11AI

Transaction ID : INCA3645

ERMK: MAGGIE FOR NH

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 253
	<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)
WOMENCOUNT PAC

A. ELIZABETH MCGRATH
Full Name (Last, First, Middle Initial)

Mailing Address 78 HERITAGE RD

City OAKLAND State ME Zip Code 04963

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

Name of Employer COLBY COLLEGE Occupation PROFESSOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3644

Amount of Each Receipt this Period
 5.00

Memo Item

B. COLLETTE SELL
Full Name (Last, First, Middle Initial)

Mailing Address 200 EDGEWOOD AVENUE

City MILL VALLEY State CA Zip Code 94941

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3620

Amount of Each Receipt this Period
 15.00

Memo Item

C. COLLETTE SELL
Full Name (Last, First, Middle Initial)

Mailing Address 200 EDGEWOOD AVENUE

City MILL VALLEY State CA Zip Code 94941

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3619

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3644

ERMK: KATIE MCGINTY FOR SENATE

Form/Schedule: SA11AI

Transaction ID: INCA3620

ERMK: DEBORAH ROSS FOR SENATE

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

Form/Schedule: SA11AI

Transaction ID : INCA3619

ERMK: TAMMY FOR ILLINOIS

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 OF 253
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
WOMENCOUNT PAC

A. COLLETTE SELL
Full Name (Last, First, Middle Initial)

Mailing Address 200 EDGEWOOD AVENUE

City MILL VALLEY State CA Zip Code 94941

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3618

Amount of Each Receipt this Period
 15.00

Memo Item

B. COLLETTE SELL
Full Name (Last, First, Middle Initial)

Mailing Address 200 EDGEWOOD AVENUE

City MILL VALLEY State CA Zip Code 94941

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3621

Amount of Each Receipt this Period
 15.00

Memo Item

C. KATHRYN ROEPNACK
Full Name (Last, First, Middle Initial)

Mailing Address 160 STEUBEN ROAD

City POLAND State NY Zip Code 13431

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

Name of Employer MVHS Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 57.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2016

Transaction ID : INCA3616

Amount of Each Receipt this Period
 5.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 35.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3618

ERMK: KIRKPATRICK FOR SENATE

Form/Schedule: SA11AI

Transaction ID: INCA3621

ERMK: KATIE MCGINTY FOR SENATE

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

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

FOR LINE NUMBER: PAGE 69 OF 253
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHRYN ROEPNACK
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 STEUBEN ROAD
 City POLAND State NY Zip Code 13431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVHS Occupation RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 57.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : INCA3611
 Amount of Each Receipt this Period 5.00
 Memo Item

B. KATHRYN ROEPNACK
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 STEUBEN ROAD
 City POLAND State NY Zip Code 13431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVHS Occupation RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 57.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : INCA3612
 Amount of Each Receipt this Period 5.00
 Memo Item

C. KATHRYN ROEPNACK
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 STEUBEN ROAD
 City POLAND State NY Zip Code 13431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVHS Occupation RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 57.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : INCA3613
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 15.00
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI

Transaction ID : INCA3611

ERMK: KIRKPATRICK FOR SENATE

Form/Schedule: SA11AI

Transaction ID: INCA3612

ERMK: TAMMY FOR ILLINOIS

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

Form/Schedule: SA11AI

Transaction ID : INCA3613

ERMK: KATIE MCGINTY FOR SENATE

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 OF 253
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
WOMENCOUNT PAC

A. KATHRYN ROEPNACK
Full Name (Last, First, Middle Initial)

Mailing Address 160 STEUBEN ROAD

City POLAND State NY Zip Code 13431

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

Name of Employer MVHS Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
57.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2016

Transaction ID : INCA3614

Amount of Each Receipt this Period
5.00

Memo Item

B. KATHRYN ROEPNACK
Full Name (Last, First, Middle Initial)

Mailing Address 160 STEUBEN ROAD

City POLAND State NY Zip Code 13431

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

Name of Employer MVHS Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
57.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2016

Transaction ID : INCA3615

Amount of Each Receipt this Period
5.00

Memo Item

C. KATHRYN ROEPNACK
Full Name (Last, First, Middle Initial)

Mailing Address 160 STEUBEN ROAD

City POLAND State NY Zip Code 13431

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

Name of Employer MVHS Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
57.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2016

Transaction ID : INCA3617

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3614

ERMK: MAGGIE FOR NH

Form/Schedule: SA11AI

Transaction ID: INCA3615

ERMK: DEBORAH ROSS FOR SENATE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3617

ERMK: HILLARY FOR AMERICA

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 253
	<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)
WOMENCOUNT PAC

A. JESSE MAINARDI
Full Name (Last, First, Middle Initial)

Mailing Address 2627 TURK BLVD.

City SAN FRANCISCO	State CA	Zip Code 94118
-----------------------	-------------	-------------------

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

Name of Employer MAINARDI LAW	Occupation ATTORNEY
----------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2016

Transaction ID : INCA3610

Amount of Each Receipt this Period
5.00

Memo Item

B. SUSAN RICHARDSON
Full Name (Last, First, Middle Initial)

Mailing Address 1322 MARTIN AVE

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer NONE	Occupation VOLUNTEER
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2016

Transaction ID : INCA3609

Amount of Each Receipt this Period
250.00

Memo Item

C. SHANNON CASSIDY
Full Name (Last, First, Middle Initial)

Mailing Address 2323B 21ST AVENUE

City SAN FRANCISCO	State CA	Zip Code 94116
-----------------------	-------------	-------------------

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

Name of Employer WOMENCOUNT	Occupation FUNDRAISER
--------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : INCA3729

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	▶	260.00
TOTAL This Period (last page this line number only).....	▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA3610

ERMK: HILLARY FOR AMERICA

Form/Schedule: SA11AI

Transaction ID: INCA3609

ERMK: DONNA EDWARDS FOR SENATE

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

Form/Schedule: SA11AI

Transaction ID : INCA3729

ERMK: LORETTA SANCHEZ FOR SENATE

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 253
	<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)
WOMENCOUNT PAC

A. SHANNON CASSIDY
Full Name (Last, First, Middle Initial)

Mailing Address 2323B 21ST AVENUE

City SAN FRANCISCO	State CA	Zip Code 94116
-----------------------	-------------	-------------------

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

Name of Employer WOMENCOUNT	Occupation FUNDRAISER
--------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

Transaction ID : INCA3728

Amount of Each Receipt this Period
5.00

Memo Item

B. SHANNON CASSIDY
Full Name (Last, First, Middle Initial)

Mailing Address 2323B 21ST AVENUE

City SAN FRANCISCO	State CA	Zip Code 94116
-----------------------	-------------	-------------------

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

Name of Employer WOMENCOUNT	Occupation FUNDRAISER
--------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

Transaction ID : INCA3730

Amount of Each Receipt this Period
5.00

Memo Item

C. MAUREEN DILLON
Full Name (Last, First, Middle Initial)

Mailing Address 534 FELIX WAY

City SAN JOSE	State CA	Zip Code 95125
------------------	-------------	-------------------

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

Name of Employer TRINET	Occupation ACCOUNTANT
----------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2016

Transaction ID : INCA3727

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : INCA3728

ERMK: LOFGREN FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3730

ERMK: ANNA ESHOO FOR CONGRESS

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

Form/Schedule: SA11AI

Transaction ID : INCA3727

ERMK: HILLARY FOR AMERICA

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 OF 253
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
WOMENCOUNT PAC

A. MAUREEN DILLON
Full Name (Last, First, Middle Initial)

Mailing Address 534 FELIX WAY

City SAN JOSE State CA Zip Code 95125

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

Name of Employer TRINET Occupation ACCOUNTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2016

Transaction ID : INCA3726

Amount of Each Receipt this Period
 5.00

Memo Item

B. RENEE COLOMBO
Full Name (Last, First, Middle Initial)

Mailing Address 378 6TH AVENUE #2

City BROOKLYN State NY Zip Code 11215

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

Name of Employer JA NEW YORK Occupation VICE-PRESIDENT, RESOURCE DEVELOPME

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : INCA3716

Amount of Each Receipt this Period
 25.00

Memo Item

C. RENEE COLOMBO
Full Name (Last, First, Middle Initial)

Mailing Address 378 6TH AVENUE #2

City BROOKLYN State NY Zip Code 11215

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

Name of Employer JA NEW YORK Occupation VICE-PRESIDENT, RESOURCE DEVELOPME

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : INCA3714

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : INCA3726

ERMK: LOFGREN FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3716

ERMK: NANCY ROTERING FOR CONGRESS

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

Form/Schedule: SA11AI

Transaction ID : INCA3714

ERMK: CARROLL FOR COLORADO

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 253
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. RENEE COLOMBO
Full Name (Last, First, Middle Initial)

Mailing Address 378 6TH AVENUE #2

City BROOKLYN	State NY	Zip Code 11215
------------------	-------------	-------------------

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

Name of Employer JA NEW YORK	Occupation VICE-PRESIDENT, RESOURCE DEVELOPME
---------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016
Transaction ID : INCA3713

Amount of Each Receipt this Period
 25.00

Memo Item

B. RENEE COLOMBO
Full Name (Last, First, Middle Initial)

Mailing Address 378 6TH AVENUE #2

City BROOKLYN	State NY	Zip Code 11215
------------------	-------------	-------------------

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

Name of Employer JA NEW YORK	Occupation VICE-PRESIDENT, RESOURCE DEVELOPME
---------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016
Transaction ID : INCA3715

Amount of Each Receipt this Period
 25.00

Memo Item

C. KATHERINE GALLO-PODESTA
Full Name (Last, First, Middle Initial)

Mailing Address 121 SHOOTING STAR ISLE

City FOSTER CITY	State CA	Zip Code 94404
---------------------	-------------	-------------------

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

Name of Employer LAW OFFICES OF KATHERINE GALLO	Occupation ATTORNEY
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016
Transaction ID : INCA3706

Amount of Each Receipt this Period
 5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	55.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA3713

ERMK: ANGIE CRAIG FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3715

ERMK: DOLLY ELIZONDO FOR CONGRESS

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

Form/Schedule: SA11AI

Transaction ID : INCA3706

ERMK: DOLLY ELIZONDO FOR CONGRESS

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 253
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHERINE GALLO-PODESTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 SHOOTING STAR ISLE
 City FOSTER CITY State CA Zip Code 94404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAW OFFICES OF KATHERINE GALLO Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 02 / 29 / 2016
Transaction ID : INCA3705
 Amount of Each Receipt this Period 5.00
 Memo Item

B. KATHERINE GALLO-PODESTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 SHOOTING STAR ISLE
 City FOSTER CITY State CA Zip Code 94404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAW OFFICES OF KATHERINE GALLO Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 02 / 29 / 2016
Transaction ID : INCA3709
 Amount of Each Receipt this Period 5.00
 Memo Item

C. KATHERINE GALLO-PODESTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 SHOOTING STAR ISLE
 City FOSTER CITY State CA Zip Code 94404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAW OFFICES OF KATHERINE GALLO Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 02 / 29 / 2016
Transaction ID : INCA3704
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

: 97 `A -G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF` -H9A -N5 H-CB

Form/Schedule: SA11AI

Transaction ID : INCA3705

ERMK: CARROLL FOR COLORADO

Form/Schedule: SA11AI

Transaction ID: INCA3709

ERMK: NANCY ROTERING FOR CONGRESS

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

Form/Schedule: SA11AI

Transaction ID : INCA3704

ERMK: ANGIE CRAIG FOR CONGRESS

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 253
	<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)
WOMENCOUNT PAC

A. KATHERINE GALLO-PODESTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 SHOOTING STAR ISLE
 City FOSTER CITY State CA Zip Code 94404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAW OFFICES OF KATHERINE GALLO Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 02 / 29 / 2016
Transaction ID : INCA3707
 Amount of Each Receipt this Period 5.00
 Memo Item

B. KATHERINE GALLO-PODESTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 SHOOTING STAR ISLE
 City FOSTER CITY State CA Zip Code 94404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAW OFFICES OF KATHERINE GALLO Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 02 / 29 / 2016
Transaction ID : INCA3712
 Amount of Each Receipt this Period 5.00
 Memo Item

C. KATHERINE GALLO-PODESTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 SHOOTING STAR ISLE
 City FOSTER CITY State CA Zip Code 94404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAW OFFICES OF KATHERINE GALLO Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 02 / 29 / 2016
Transaction ID : INCA3708
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 15.00
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI

Transaction ID : INCA3707

ERMK: CAIN FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3712

ERMK: HILLARY FOR AMERICA

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

Form/Schedule: SA11AI

Transaction ID : INCA3708

ERMK: VAL DEMINGS FOR CONGRESS

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 OF 253
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
WOMENCOUNT PAC

A. KATHERINE GALLO-PODESTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 SHOOTING STAR ISLE
 City FOSTER CITY State CA Zip Code 94404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAW OFFICES OF KATHERINE GALLO Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 02 / 29 / 2016
Transaction ID : INCA3711
 Amount of Each Receipt this Period 5.00
 Memo Item

B. KATHERINE GALLO-PODESTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 SHOOTING STAR ISLE
 City FOSTER CITY State CA Zip Code 94404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAW OFFICES OF KATHERINE GALLO Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 02 / 29 / 2016
Transaction ID : INCA3710
 Amount of Each Receipt this Period 5.00
 Memo Item

C. MARGARET HERZ HARLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 OCEAN VIEW AVE.
 City SANTA CRUZ State CA Zip Code 95062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 02 / 29 / 2016
Transaction ID : INCA3684
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 15.00
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI

Transaction ID : INCA3710

ERMK: DEBORAH ROSS FOR SENATE

Form/Schedule: SA11AI

Transaction ID: INCA3684

ERMK: NANCY ROTERING FOR CONGRESS

**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 95 OF 253
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MARGARET HERZ HARLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 OCEAN VIEW AVE.
 City SANTA CRUZ State CA Zip Code 95062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 02 / 29 / 2016
Transaction ID : INCA3683
 Amount of Each Receipt this Period 5.00
 Memo Item

B. MARGARET HERZ HARLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 OCEAN VIEW AVE.
 City SANTA CRUZ State CA Zip Code 95062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 02 / 29 / 2016
Transaction ID : INCA3865
 Amount of Each Receipt this Period 5.00
 Memo Item

C. MARGARET HERZ HARLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 OCEAN VIEW AVE.
 City SANTA CRUZ State CA Zip Code 95062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 02 / 29 / 2016
Transaction ID : INCA3686
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA3683

ERMK: VAL DEMINGS FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3865

ERMK: HILLARY FOR AMERICA

**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 97 OF 253
	<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)
WOMENCOUNT PAC

A. MARGARET HERZ HARLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 OCEAN VIEW AVE.
 City SANTA CRUZ State CA Zip Code 95062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 02 / 29 / 2016
Transaction ID : INCA3682
 Amount of Each Receipt this Period 5.00
 Memo Item

B. MARGARET HERZ HARLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 OCEAN VIEW AVE.
 City SANTA CRUZ State CA Zip Code 95062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 02 / 29 / 2016
Transaction ID : INCA3685
 Amount of Each Receipt this Period 5.00
 Memo Item

C. MARGARET HERZ HARLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 OCEAN VIEW AVE.
 City SANTA CRUZ State CA Zip Code 95062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 02 / 29 / 2016
Transaction ID : INCA3680
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : INCA3682

ERMK: CAIN FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3685

ERMK: DEBORAH ROSS FOR SENATE

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

Form/Schedule: SA11AI

Transaction ID : INCA3680

ERMK: CARROLL FOR COLORADO

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 253
	<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)
WOMENCOUNT PAC

A. MARGARET HERZ HARLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 OCEAN VIEW AVE.
 City SANTA CRUZ State CA Zip Code 95062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 02 / 29 / 2016
Transaction ID : INCA3679
 Amount of Each Receipt this Period 5.00
 Memo Item

B. MARGARET HERZ HARLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 OCEAN VIEW AVE.
 City SANTA CRUZ State CA Zip Code 95062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 02 / 29 / 2016
Transaction ID : INCA3681
 Amount of Each Receipt this Period 5.00
 Memo Item

C. LENA HENRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 678 CAMELOT
 City COLLINSVILLE State IL Zip Code 62234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WASH UNIV SCHOOL OF MED Occupation SUPERVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 90.00

Date of Receipt 02 / 29 / 2016
Transaction ID : INCA3697
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA3679

ERMK: ANGIE CRAIG FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3681

ERMK: DOLLY ELIZONDO FOR CONGRESS

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

Form/Schedule: SA11AI

Transaction ID : INCA3697

ERMK: DOLLY ELIZONDO FOR CONGRESS

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 253
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. LENA HENRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 678 CAMELOT
 City COLLINSVILLE State IL Zip Code 62234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WASH UNIV SCHOOL OF MED Occupation SUPERVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 90.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016
Transaction ID : INCA3698
 Amount of Each Receipt this Period 10.00
 Memo Item

B. LENA HENRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 678 CAMELOT
 City COLLINSVILLE State IL Zip Code 62234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WASH UNIV SCHOOL OF MED Occupation SUPERVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 90.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016
Transaction ID : INCA3696
 Amount of Each Receipt this Period 10.00
 Memo Item

C. LENA HENRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 678 CAMELOT
 City COLLINSVILLE State IL Zip Code 62234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WASH UNIV SCHOOL OF MED Occupation SUPERVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 90.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016
Transaction ID : INCA3703
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	▶	30.00
TOTAL This Period (last page this line number only).....	▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA3698

ERMK: CAIN FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3696

ERMK: CARROLL FOR COLORADO

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

Form/Schedule: SA11AI

Transaction ID : INCA3703

ERMK: HILLARY FOR AMERICA

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 106 OF 253
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. LENA HENRY

Mailing Address 678 CAMELOT

City State Zip Code
COLLINSVILLE IL 62234

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

Name of Employer Occupation
WASH UNIV SCHOOL OF MED SUPERVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
90.00

Date of Receipt
MM / DD / YYYY
02 / 29 / 2016

Transaction ID : INCA3699

Amount of Each Receipt this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. LENA HENRY

Mailing Address 678 CAMELOT

City State Zip Code
COLLINSVILLE IL 62234

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

Name of Employer Occupation
WASH UNIV SCHOOL OF MED SUPERVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
90.00

Date of Receipt
MM / DD / YYYY
02 / 29 / 2016

Transaction ID : INCA3702

Amount of Each Receipt this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)
C. LENA HENRY

Mailing Address 678 CAMELOT

City State Zip Code
COLLINSVILLE IL 62234

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

Name of Employer Occupation
WASH UNIV SCHOOL OF MED SUPERVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
90.00

Date of Receipt
MM / DD / YYYY
02 / 29 / 2016

Transaction ID : INCA3701

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`#H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA3699

ERMK: VAL DEMINGS FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3701

ERMK: DEBORAH ROSS FOR SENATE

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

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

FOR LINE NUMBER: PAGE 108 OF 253
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. LENA HENRY

Mailing Address 678 CAMELOT

City State Zip Code
COLLINSVILLE IL 62234

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

Name of Employer Occupation
WASH UNIV SCHOOL OF MED SUPERVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
90.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016
Transaction ID : INCA3700

Amount of Each Receipt this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. LENA HENRY

Mailing Address 678 CAMELOT

City State Zip Code
COLLINSVILLE IL 62234

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

Name of Employer Occupation
WASH UNIV SCHOOL OF MED SUPERVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
90.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016
Transaction ID : INCA3695

Amount of Each Receipt this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)
C. PATRICIA LANGLEY

Mailing Address 2123 WEST TOUHY AVE

City State Zip Code
CHICAGO IL 60645

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016
Transaction ID : INCA3723

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 25.00

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

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

Form/Schedule: SA11AI

Transaction ID : INCA3700

ERMK: NANCY ROTERING FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3695

ERMK: ANGIE CRAIG FOR CONGRESS

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

Form/Schedule: SA11AI

Transaction ID : INCA3723

ERMK: DEBORAH ROSS FOR SENATE

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 111 OF 253
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. PATRICIA LANGLEY
Full Name (Last, First, Middle Initial)

Mailing Address 2123 WEST TOUHY AVE

City CHICAGO	State IL	Zip Code 60645
-----------------	-------------	-------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : INCA3719

Amount of Each Receipt this Period
5.00

Memo Item

B. PATRICIA LANGLEY
Full Name (Last, First, Middle Initial)

Mailing Address 2123 WEST TOUHY AVE

City CHICAGO	State IL	Zip Code 60645
-----------------	-------------	-------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : INCA3717

Amount of Each Receipt this Period
5.00

Memo Item

C. PATRICIA LANGLEY
Full Name (Last, First, Middle Initial)

Mailing Address 2123 WEST TOUHY AVE

City CHICAGO	State IL	Zip Code 60645
-----------------	-------------	-------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : INCA3718

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : INCA3719

ERMK: DOLLY ELIZONDO FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3717

ERMK: ANGIE CRAIG FOR CONGRESS

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

Form/Schedule: SA11AI

Transaction ID : INCA3718

ERMK: CARROLL FOR COLORADO

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 114 OF 253
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. PATRICIA LANGLEY		Date of Receipt MM / DD / YYYY 02 / 29 / 2016
Mailing Address 2123 WEST TOUHY AVE		Transaction ID : INCA3721
City CHICAGO	State IL	Zip Code 60645
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5.00	
Name of Employer NONE	Occupation RETIRED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 45.00	

Full Name (Last, First, Middle Initial) B. PATRICIA LANGLEY		Date of Receipt MM / DD / YYYY 02 / 29 / 2016
Mailing Address 2123 WEST TOUHY AVE		Transaction ID : INCA3725
City CHICAGO	State IL	Zip Code 60645
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5.00	
Name of Employer NONE	Occupation RETIRED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 45.00	

Full Name (Last, First, Middle Initial) C. PATRICIA LANGLEY		Date of Receipt MM / DD / YYYY 02 / 29 / 2016
Mailing Address 2123 WEST TOUHY AVE		Transaction ID : INCA3722
City CHICAGO	State IL	Zip Code 60645
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5.00	
Name of Employer NONE	Occupation RETIRED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 45.00	

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA3721

ERMK: VAL DEMINGS FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3725

ERMK: HILLARY FOR AMERICA

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

Form/Schedule: SA11AI

Transaction ID : INCA3722

ERMK: NANCY ROTERING FOR CONGRESS

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 253
	<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)
WOMENCOUNT PAC

A. PATRICIA LANGLEY
Full Name (Last, First, Middle Initial)

Mailing Address 2123 WEST TOUHY AVE

City CHICAGO State IL Zip Code 60645

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 45.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : INCA3724

Amount of Each Receipt this Period
 5.00

Memo Item

B. PATRICIA LANGLEY
Full Name (Last, First, Middle Initial)

Mailing Address 2123 WEST TOUHY AVE

City CHICAGO State IL Zip Code 60645

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 45.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : INCA3720

Amount of Each Receipt this Period
 5.00

Memo Item

C. STACY MASON
Full Name (Last, First, Middle Initial)

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO State CA Zip Code 94301

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

Name of Employer WOMENCOUNT Occupation EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : INCA3694

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : INCA3720

ERMK: CAIN FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3694

ERMK: DEBORAH ROSS FOR SENATE

**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 119 OF 253
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STACY MASON
Full Name (Last, First, Middle Initial)

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO State CA Zip Code 94301

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

Name of Employer WOMENCOUNT Occupation EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1210.00

Date of Receipt
 02 / 29 / 2016
Transaction ID : INCA3691

Amount of Each Receipt this Period
 25.00

Memo Item

B. STACY MASON
Full Name (Last, First, Middle Initial)

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO State CA Zip Code 94301

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

Name of Employer WOMENCOUNT Occupation EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1210.00

Date of Receipt
 02 / 29 / 2016
Transaction ID : INCA3688

Amount of Each Receipt this Period
 25.00

Memo Item

C. STACY MASON
Full Name (Last, First, Middle Initial)

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO State CA Zip Code 94301

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

Name of Employer WOMENCOUNT Occupation EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1210.00

Date of Receipt
 02 / 29 / 2016
Transaction ID : INCA3693

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Form/Schedule: SA11AI

Transaction ID : INCA3691

ERMK: CAIN FOR CONGRESS

Form/Schedule: SA11AI

Transaction ID: INCA3688

ERMK: ANGIE CRAIG FOR CONGRESS

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

Form/Schedule: SA11AI

Transaction ID : INCA3693

ERMK: NANCY ROTERING FOR CONGRESS

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 253
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STACY MASON
Full Name (Last, First, Middle Initial)

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO State CA Zip Code 94301

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

Name of Employer WOMENCOUNT Occupation EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : INCA3689

Amount of Each Receipt this Period
 25.00

Memo Item

B. STACY MASON
Full Name (Last, First, Middle Initial)

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO State CA Zip Code 94301

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

Name of Employer WOMENCOUNT Occupation EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : INCA3690

Amount of Each Receipt this Period
 25.00

Memo Item

C. STACY MASON
Full Name (Last, First, Middle Initial)

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO State CA Zip Code 94301

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

Name of Employer WOMENCOUNT Occupation EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : INCA3692

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	7725.00

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

Form/Schedule: SA11AI

Transaction ID : INCA3689

ERMK: CARROLL FOR COLORADO

Form/Schedule: SA11AI

Transaction ID: INCA3690

ERMK: DOLLY ELIZONDO FOR CONGRESS

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

Form/Schedule: SA11AI

Transaction ID : INCA3692

ERMK: VAL DEMINGS FOR CONGRESS

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 OF 253
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. DONNA EDWARDS FOR SENATE

Mailing Address **PO BOX 44305**

City State Zip Code
FORT WASHINGTON MD 49430

FEC ID number of contributing federal political committee. **C C00574145**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
52.54

Date of Receipt
02 / 05 / 2016

Transaction ID : INCA3475

Amount of Each Receipt this Period
40.00

Memo Item

Full Name (Last, First, Middle Initial)
B. HILLARY FOR AMERICA

Mailing Address **P.O. BOX 5256**

City State Zip Code
NEW YORK NY 10185

FEC ID number of contributing federal political committee. **C C00575795**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10.90

Date of Receipt
02 / 05 / 2016

Transaction ID : INCA3477

Amount of Each Receipt this Period
8.90

Memo Item

Full Name (Last, First, Middle Initial)
C. KIRKPATRICK FOR SENATE

Mailing Address **PO BOX 34421**

City State Zip Code
PHOENIX AZ 85067

FEC ID number of contributing federal political committee. **C C00578484**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.55

Date of Receipt
02 / 05 / 2016

Transaction ID : INCA3476

Amount of Each Receipt this Period
358.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **406.90**

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 126 OF 253
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. CATHERINE CORTEZ MASTO FOR SENATE

Mailing Address 8020 SOUTH RAINBOW BLVD. SUITE 100

City	State	Zip Code
LAS VEGAS	NV	89139

FEC ID number of contributing federal political committee. **C** C00575548

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
219.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3528

Amount of Each Receipt this Period
216.00

Memo Item

Full Name (Last, First, Middle Initial)
B. DONNA EDWARDS FOR SENATE

Mailing Address PO BOX 44305

City	State	Zip Code
FORT WASHINGTON	MD	49430

FEC ID number of contributing federal political committee. **C** C00574145

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
52.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3527

Amount of Each Receipt this Period
2.54

Memo Item

Full Name (Last, First, Middle Initial)
C. HILLARY FOR AMERICA

Mailing Address P.O. BOX 5256

City	State	Zip Code
NEW YORK	NY	10185

FEC ID number of contributing federal political committee. **C** C00575795

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : INCA3529

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	218.74
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 127 OF 253
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KAMALA HARRIS FOR SENATE
Full Name (Last, First, Middle Initial)
Mailing Address 777 S FIGUEROA ST STE 4050

City	State	Zip Code
LOS ANGELES	CA	90017

FEC ID number of contributing federal political committee. **C** C00571919

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2016

Transaction ID : INCA3526

Amount of Each Receipt this Period
2.54

Memo Item

B. KAREN BASS FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address 777 S. FIGUEROA STREET SUITE 4050

City	State	Zip Code
LOS ANGELES	CA	90017

FEC ID number of contributing federal political committee. **C** C00476523

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2016

Transaction ID : INCA3525

Amount of Each Receipt this Period
2.54

Memo Item

C. MARCIA FUDGE FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address 3729 SILSBY RD

City	State	Zip Code
UNIVERSITY HEIGHTS	OH	44118

FEC ID number of contributing federal political committee. **C** C00454694

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2016

Transaction ID : INCA3524

Amount of Each Receipt this Period
2.54

Memo Item

SUBTOTAL of Receipts This Page (optional).....	7.62
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 128 OF 253
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MOORE FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 16646

City MILWAUKEE	State WI	Zip Code 53216
FEC ID number of contributing federal political committee. C C00397505		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2.54	

Date of Receipt
02 / 18 / 2016
Transaction ID : INCA3532

Amount of Each Receipt this Period
2.54

Memo Item

B. TERRI SEWELL FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1964

City BIRMINGHAM	State AL	Zip Code 35201
FEC ID number of contributing federal political committee. C C00458976		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3.59	

Date of Receipt
02 / 18 / 2016
Transaction ID : INCA3530

Amount of Each Receipt this Period
2.54

Memo Item

C. VAL DEMINGS FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 536926

City ORLAND	State FL	Zip Code 32853
FEC ID number of contributing federal political committee. C C00590489		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3.59	

Date of Receipt
02 / 18 / 2016
Transaction ID : INCA3560

Amount of Each Receipt this Period
2.54

Memo Item

SUBTOTAL of Receipts This Page (optional).....	7.62
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 129 OF 253
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRIENDS OF CORRINE BROWN
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 40087

City JACKSONVILLE State FL Zip Code 32203

FEC ID number of contributing federal political committee. **C** C00272732

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : INCA3963

Amount of Each Receipt this Period
1.05

Memo Item

B. FRIENDS OF CORRINE BROWN
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 40087

City JACKSONVILLE State FL Zip Code 32203

FEC ID number of contributing federal political committee. **C** C00272732

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : INCA3964

Amount of Each Receipt this Period
-1.05

Memo Item
EARMARKED CHECK NOT DEPOSITED.

C. GRACE FOR NEW YORK
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 656555

City FRESH MEADOWS State NY Zip Code 11365

FEC ID number of contributing federal political committee. **C** C00516666

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : INCA3953

Amount of Each Receipt this Period
0.35

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.35
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 130 OF 253
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. GRACE FOR NEW YORK
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 656555
 City FRESH MEADOWS State NY Zip Code 11365
 FEC ID number of contributing federal political committee. **C** C00516666
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 02 / 24 / 2016
Transaction ID : INCA3954
 Amount of Each Receipt this Period -0.35
 Memo Item
 EARMARKED CHECK NOT DEPOSITED.

B. KAREN BASS FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 S. FIGUEROA STREET SUITE 4050
 City LOS ANGELES State CA Zip Code 90017
 FEC ID number of contributing federal political committee. **C** C00476523
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2.54

Date of Receipt 02 / 24 / 2016
Transaction ID : INCA3946
 Amount of Each Receipt this Period -0.35
 Memo Item
 EARMARKED CHECK NOT DEPOSITED.

C. KAREN BASS FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 S. FIGUEROA STREET SUITE 4050
 City LOS ANGELES State CA Zip Code 90017
 FEC ID number of contributing federal political committee. **C** C00476523
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2.54

Date of Receipt 02 / 24 / 2016
Transaction ID : INCA3945
 Amount of Each Receipt this Period 0.35
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	-0.35
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 131 OF 253
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHLEEN RICE FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 744

City MINEOLA	State NY	Zip Code 11501
FEC ID number of contributing federal political committee. C C00555813		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.35	

Date of Receipt
MM / DD / YYYY
02 / 24 / 2016
Transaction ID : INCA3959

Amount of Each Receipt this Period
1.05

Memo Item

B. KATHLEEN RICE FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 744

City MINEOLA	State NY	Zip Code 11501
FEC ID number of contributing federal political committee. C C00555813		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.35	

Date of Receipt
MM / DD / YYYY
02 / 24 / 2016
Transaction ID : INCA3960

Amount of Each Receipt this Period
-1.05

Memo Item
EARMARKED CHECK NOT DEPOSITED.

C. PAMELA KEITH FOR SENATE 2016
Full Name (Last, First, Middle Initial)
Mailing Address 120 N RIVER DRIVE W

City JUPITER	State FL	Zip Code 33458
FEC ID number of contributing federal political committee. C C00570564		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Date of Receipt
MM / DD / YYYY
02 / 24 / 2016
Transaction ID : INCA3951

Amount of Each Receipt this Period
-1.05

Memo Item
EARMARKED CHECK NOT DEPOSITED.

SUBTOTAL of Receipts This Page (optional).....▶	-1.05
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 132 OF 253
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. PAMELA KEITH FOR SENATE 2016
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 N RIVER DRIVE W
 City JUPITER State FL Zip Code 33458
 FEC ID number of contributing federal political committee. **C** C00570564
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2016
Transaction ID : INCA3952
 Amount of Each Receipt this Period
 -0.35
 Memo Item
 EARMARKED CHECK NOT DEPOSITED.

B. PAMELA KEITH FOR SENATE 2016
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 N RIVER DRIVE W
 City JUPITER State FL Zip Code 33458
 FEC ID number of contributing federal political committee. **C** C00570564
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2016
Transaction ID : INCA3950
 Amount of Each Receipt this Period
 -0.53
 Memo Item
 EARMARKED CHECK NOT DEPOSITED.

C. PAMELA KEITH FOR SENATE 2016
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 N RIVER DRIVE W
 City JUPITER State FL Zip Code 33458
 FEC ID number of contributing federal political committee. **C** C00570564
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2016
Transaction ID : INCA3947
 Amount of Each Receipt this Period
 0.53
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	-0.35
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 133 OF 253
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. PAMELA KEITH FOR SENATE 2016
Full Name (Last, First, Middle Initial)
Mailing Address 120 N RIVER DRIVE W

City JUPITER	State FL	Zip Code 33458
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00570564

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2016

Transaction ID : INCA3948

Amount of Each Receipt this Period

1.05

 Memo Item

B. PAMELA KEITH FOR SENATE 2016
Full Name (Last, First, Middle Initial)
Mailing Address 120 N RIVER DRIVE W

City JUPITER	State FL	Zip Code 33458
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00570564

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2016

Transaction ID : INCA3949

Amount of Each Receipt this Period

0.35

 Memo Item

C. PODER PAC
Full Name (Last, First, Middle Initial)
Mailing Address 520 MAPLE COURT

City FALLS CHURCH	State VA	Zip Code 22041
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00452276

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2016

Transaction ID : INCA3965

Amount of Each Receipt this Period

7.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	8.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 134 OF 253
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. PODER PAC
Full Name (Last, First, Middle Initial)
Mailing Address 520 MAPLE COURT
City FALLS CHURCH State VA Zip Code 22041
FEC ID number of contributing federal political committee. **C** C00452276
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 7.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2016
Transaction ID : INCA3966
Amount of Each Receipt this Period
-7.00
 Memo Item
EARMARKED CHECK NOT DEPOSITED.

B. SUSAN DAVIS FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 84049
City SAN DIEGO State CA Zip Code 92138
FEC ID number of contributing federal political committee. **C** C00344671
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1.05

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2016
Transaction ID : INCA3961
Amount of Each Receipt this Period
1.05
 Memo Item

C. SUSAN DAVIS FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 84049
City SAN DIEGO State CA Zip Code 92138
FEC ID number of contributing federal political committee. **C** C00344671
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1.05

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2016
Transaction ID : INCA3962
Amount of Each Receipt this Period
-1.05
 Memo Item
EARMARKED CHECK NOT DEPOSITED.

SUBTOTAL of Receipts This Page (optional).....	-7.00
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 135 OF 253
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. TERRI SEWELL FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1964

City BIRMINGHAM	State AL	Zip Code 35201
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00458976

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2016

Transaction ID : INCA3956

Amount of Each Receipt this Period
1.05

Memo Item

B. TERRI SEWELL FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1964

City BIRMINGHAM	State AL	Zip Code 35201
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00458976

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2016

Transaction ID : INCA3957

Amount of Each Receipt this Period
-0.35

Memo Item
EARMARKED CHECK NOT DEPOSITED.

C. TERRI SEWELL FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1964

City BIRMINGHAM	State AL	Zip Code 35201
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00458976

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2016

Transaction ID : INCA3958

Amount of Each Receipt this Period
-1.05

Memo Item
EARMARKED CHECK NOT DEPOSITED.

SUBTOTAL of Receipts This Page (optional).....▶	-0.35
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 136 OF 253
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. TERRI SEWELL FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1964
 City BIRMINGHAM State AL Zip Code 35201
 FEC ID number of contributing federal political committee. **C** C00458976
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3.59

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2016
Transaction ID : INCA3955
 Amount of Each Receipt this Period 0.35
 Memo Item

B. DEBORAH ROSS FOR SENATE
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 28258
 City RALEIGH State NC Zip Code 27611
 FEC ID number of contributing federal political committee. **C** C00589820
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016
Transaction ID : INCA3662
 Amount of Each Receipt this Period 2.20
 Memo Item

C. DONNA EDWARDS FOR SENATE
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 44305
 City FORT WASHINGTON State MD Zip Code 49430
 FEC ID number of contributing federal political committee. **C** C00574145
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 52.54

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016
Transaction ID : INCA3602
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	12.55
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 137 OF 253
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HILLARY FOR AMERICA
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 5256
 City NEW YORK State NY Zip Code 10185
 FEC ID number of contributing federal political committee. **C** C00575795
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2016
Transaction ID : INCA3607
 Amount of Each Receipt this Period 0.40
 Memo Item

B. KATIE MCGINTY FOR SENATE
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 22447
 City PHILADELPHIA State PA Zip Code 19110
 FEC ID number of contributing federal political committee. **C** C00582809
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2016
Transaction ID : INCA3605
 Amount of Each Receipt this Period 2.20
 Memo Item

C. KIRKPATRICK FOR SENATE
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 34421
 City PHOENIX State AZ Zip Code 85067
 FEC ID number of contributing federal political committee. **C** C00578484
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2016
Transaction ID : INCA3604
 Amount of Each Receipt this Period 2.20
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 138 OF 253
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MAGGIE FOR NH
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 298

City CONCORD	State NH	Zip Code 3302
-----------------	-------------	------------------

FEC ID number of contributing federal political committee. **C** C00588772

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : INCA3606

Amount of Each Receipt this Period
1.60

Memo Item

B. TAMMY FOR ILLINOIS
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 59568

City SCHAUMBURG	State IL	Zip Code 60159
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00574889

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : INCA3603

Amount of Each Receipt this Period
2.20

Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address _____

City _____	State _____	Zip Code _____
------------	-------------	----------------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3.80
TOTAL This Period (last page this line number only).....▶	661.68

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 139 OF 253
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. WELLS FARGO BANK

Full Name (Last, First, Middle Initial)
Mailing Address 464 CALIFORNIA STREET

City SAN FRANCISCO State CA Zip Code 94163

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
48.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : INCA3437

Amount of Each Receipt this Period
 48.30

Memo Item
REVERSAL OF BANK FEE

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	48.30
TOTAL This Period (last page this line number only).....▶	48.30

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City State Zip Code
SAN FRANCISCO CA 94128

Purpose of Disbursement
ACCOUNT FEE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3430

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST DATA

Mailing Address 5565 GLENRIDGE CONNECTOR NE
SUITE 2000

City State Zip Code
ATLANTA GA 30342

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3438

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST DATA

Mailing Address 5565 GLENRIDGE CONNECTOR NE
SUITE 2000

City State Zip Code
ATLANTA GA 30342

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3440

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FIRST DATA

Mailing Address 5565 GLENRIDGE CONNECTOR NE
SUITE 2000

City ATLANTA State GA Zip Code 30342

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3439

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. DELUXE

Mailing Address 3680 VICTORIA STREET NORTH

City SHOREVIEW State MN Zip Code 55126-2966

Purpose of Disbursement
CHECKS

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3478

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. MEGHAN HARVEY

Mailing Address 5425 CHARLOTTE WAY

City LIVERMORE State CA Zip Code 94550

Purpose of Disbursement
WEBSITE SERVICES

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3423

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. WELLS FARGO BANK

Date of Disbursement: MM / DD / YYYY
02 / 12 / 2016

Mailing Address 464 CALIFORNIA STREET

City: SAN FRANCISCO State: CA Zip Code: 94163

Purpose of Disbursement: BANK FEE

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **EXPB3436**

Amount of Each Disbursement this Period: 48.30

Memo Item

Full Name (Last, First, Middle Initial)
B. MEGHAN HARVEY

Date of Disbursement: MM / DD / YYYY
02 / 25 / 2016

Mailing Address 5425 CHARLOTTE WAY

City: LIVERMORE State: CA Zip Code: 94550

Purpose of Disbursement: WEBSITE SERVICES

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **EXPB3561**

Amount of Each Disbursement this Period: 500.00

Memo Item

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

Date of Disbursement: MM / DD / YYYY

Mailing Address

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID :

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	548.30
TOTAL This Period (last page this line number only).....▶	1599.59

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. DONNA EDWARDS FOR SENATE

Mailing Address PO BOX 44305

City State Zip Code
FORT WASHINGTON MD 49430

Purpose of Disbursement
ERMK: STACY MASON

Candidate Name
DONNA EDWARDS

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3479

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. HILLARY FOR AMERICA

Mailing Address P.O. BOX 5256

City State Zip Code
NEW YORK NY 10185

Purpose of Disbursement
ERMK: ROBBYNE JONES

Candidate Name
HILLARY RODHAM CLINTON

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3481

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. HILLARY FOR AMERICA

Mailing Address P.O. BOX 5256

City State Zip Code
NEW YORK NY 10185

Purpose of Disbursement
ERMK: CAROL SONTAG

Candidate Name
HILLARY RODHAM CLINTON

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3482

Amount of Each Disbursement this Period

Memo Item

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3479

ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3481

ERMK: ROBBYNE JONES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3482

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

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. HILLARY FOR AMERICA

Mailing Address P.O. BOX 5256

City State Zip Code
NEW YORK NY 10185

Purpose of Disbursement
ERMK: LAURIE KRETCHMAR

Candidate Name
HILLARY RODHAM CLINTON

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

Date of Disbursement

/ /

Transaction ID : EXPB3484

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. HILLARY FOR AMERICA

Mailing Address P.O. BOX 5256

City State Zip Code
NEW YORK NY 10185

Purpose of Disbursement
ERMK: KARITA MATTILA

Candidate Name
HILLARY RODHAM CLINTON

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

Date of Disbursement

/ /

Transaction ID : EXPB3485

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. HILLARY FOR AMERICA

Mailing Address P.O. BOX 5256

City State Zip Code
NEW YORK NY 10185

Purpose of Disbursement
ERMK: BARBARA ROSE

Candidate Name
HILLARY RODHAM CLINTON

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

Date of Disbursement

/ /

Transaction ID : EXPB3483

Amount of Each Disbursement this Period

Memo Item

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3484

ERMK: LAURIE KRETCHMAR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3485

ERMK: KARITA MATTILA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3483

ERMK: BARBARA ROSE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. HILLARY FOR AMERICA

Mailing Address P.O. BOX 5256

City State Zip Code
NEW YORK NY 10185

Purpose of Disbursement
ERMK: DR. DOLORES MCCABE

Candidate Name
HILLARY RODHAM CLINTON

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

Date of Disbursement

/ /

Transaction ID : EXPB3487

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. HILLARY FOR AMERICA

Mailing Address P.O. BOX 5256

City State Zip Code
NEW YORK NY 10185

Purpose of Disbursement
ERMK: ANNE GERCHICK

Candidate Name
HILLARY RODHAM CLINTON

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

Date of Disbursement

/ /

Transaction ID : EXPB3480

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. HILLARY FOR AMERICA

Mailing Address P.O. BOX 5256

City State Zip Code
NEW YORK NY 10185

Purpose of Disbursement
ERMK: KATHRYN ROEPNACK

Candidate Name
HILLARY RODHAM CLINTON

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

Date of Disbursement

/ /

Transaction ID : EXPB3486

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB29

Transaction ID : EXPB3487

ERMK: DR. DOLORES MCCABE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3480

ERMK: ANNE GERCHICK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

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

Form/Schedule: SB29

Transaction ID : EXPB3486

ERMK: KATHRYN ROEPNACK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KIRKPATRICK FOR SENATE

Mailing Address PO BOX 34421

City PHOENIX State AZ Zip Code 85067

Purpose of Disbursement
ERMK: LISA OKELLY

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3492

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. KIRKPATRICK FOR SENATE

Mailing Address PO BOX 34421

City PHOENIX State AZ Zip Code 85067

Purpose of Disbursement
ERMK: KAREN ALTER

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3491

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. KIRKPATRICK FOR SENATE

Mailing Address PO BOX 34421

City PHOENIX State AZ Zip Code 85067

Purpose of Disbursement
ERMK: KAREN COURINGTON

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3490

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB29

Transaction ID : EXPB3492

ERMK: LISA OKELLY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3491

ERMK: KAREN ALTER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

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

Form/Schedule: SB29

Transaction ID : EXPB3490

ERMK: KAREN COURINGTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KIRKPATRICK FOR SENATE

Mailing Address PO BOX 34421

City PHOENIX State AZ Zip Code 85067

Purpose of Disbursement
ERMK: LAURA LAUDER

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : EXPB3488

Amount of Each Disbursement this Period

5400.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KIRKPATRICK FOR SENATE

Mailing Address PO BOX 34421

City PHOENIX State AZ Zip Code 85067

Purpose of Disbursement
ERMK: AMY RAO

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : EXPB3489

Amount of Each Disbursement this Period

2700.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CATHERINE CORTEZ MASTO FOR SENATE

Mailing Address 8020 SOUTH RAINBOW BLVD. SUITE 100

City LAS VEGAS State NV Zip Code 89139

Purpose of Disbursement
ERMK: GARY LAUDER

Candidate Name
CATHERINE CORTEZ MASTO

Office Sought: House
 Senate
 President
State: NV District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : EXPB3551

Amount of Each Disbursement this Period

2700.00

Memo Item

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

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

10800.00

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

Form/Schedule: SB29

Transaction ID : EXPB3488

ERMK: LAURA LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3489

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

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

Form/Schedule: SB29

Transaction ID : EXPB3551

ERMK: GARY LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. CATHERINE CORTEZ MASTO FOR SENATE

Mailing Address 8020 SOUTH RAINBOW BLVD. SUITE 100

City LAS VEGAS State NV Zip Code 89139

Purpose of Disbursement
ERMK: GARY LAUDER

Candidate Name
CATHERINE CORTEZ MASTO

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

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : **EXPB3550**

Amount of Each Disbursement this Period

2700.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DONNA EDWARDS FOR SENATE

Mailing Address PO BOX 44305

City FORT WASHINGTON State MD Zip Code 49430

Purpose of Disbursement
ERMK: ROSEMARY CAMPOSANO

Candidate Name
DONNA EDWARDS

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

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : **EXPB3499**

Amount of Each Disbursement this Period

28.57

Memo Item

Full Name (Last, First, Middle Initial)

C. DONNA EDWARDS FOR SENATE

Mailing Address PO BOX 44305

City FORT WASHINGTON State MD Zip Code 49430

Purpose of Disbursement
ERMK: JOANN LOULAN

Candidate Name
DONNA EDWARDS

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

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : **EXPB3498**

Amount of Each Disbursement this Period

25.00

Memo Item

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

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

2753.57

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

Form/Schedule: SB29

Transaction ID : EXPB3550

ERMK: GARY LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3499

ERMK: ROSEMARY CAMPOSANO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3498

ERMK: JOANN LOULAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. DONNA EDWARDS FOR SENATE

Mailing Address PO BOX 44305

City State Zip Code
FORT WASHINGTON MD 49430

Purpose of Disbursement
ERMK: STACY MASON

Candidate Name
DONNA EDWARDS

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : EXPB3497

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DONNA EDWARDS FOR SENATE

Mailing Address PO BOX 44305

City State Zip Code
FORT WASHINGTON MD 49430

Purpose of Disbursement
ERMK: HELENE LINCHEY

Candidate Name
DONNA EDWARDS

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : EXPB3500

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HILLARY FOR AMERICA

Mailing Address P.O. BOX 5256

City State Zip Code
NEW YORK NY 10185

Purpose of Disbursement
ERMK: HELENE LINCHEY

Candidate Name
HILLARY RODHAM CLINTON

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : EXPB3549

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

15.00

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

Form/Schedule: SB29

Transaction ID : EXPB3497

ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3500

ERMK: HELENE LINCHEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

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

Form/Schedule: SB29

Transaction ID : EXPB3549

ERMK: HELENE LINCHEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KAMALA HARRIS FOR SENATE

Mailing Address 777 S FIGUEROA ST STE 4050

City State Zip Code
LOS ANGELES CA 90017

Purpose of Disbursement
ERMK: STACY MASON

Candidate Name

KAMALA HARRIS

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : EXPB3493

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KAMALA HARRIS FOR SENATE

Mailing Address 777 S FIGUEROA ST STE 4050

City State Zip Code
LOS ANGELES CA 90017

Purpose of Disbursement
ERMK: JOANN LOULAN

Candidate Name

KAMALA HARRIS

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : EXPB3494

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KAMALA HARRIS FOR SENATE

Mailing Address 777 S FIGUEROA ST STE 4050

City State Zip Code
LOS ANGELES CA 90017

Purpose of Disbursement
ERMK: HELENE LINCHEY

Candidate Name

KAMALA HARRIS

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : EXPB3496

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

35.00

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

Form/Schedule: SB29

Transaction ID : EXPB3493

ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3494

ERMK: JOANN LOULAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

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

Form/Schedule: SB29

Transaction ID : EXPB3496

ERMK: HELENE LINCHEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KAMALA HARRIS FOR SENATE

Mailing Address 777 S FIGUEROA ST STE 4050

City State Zip Code
LOS ANGELES CA 90017

Purpose of Disbursement
ERMK: ROSEMARY CAMPOSANO

Candidate Name
KAMALA HARRIS

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : EXPB3495

Amount of Each Disbursement this Period

28.57

Memo Item

Full Name (Last, First, Middle Initial)

B. KAREN BASS FOR CONGRESS

Mailing Address 777 S. FIGUEROA STREET SUITE 4050

City State Zip Code
LOS ANGELES CA 90017

Purpose of Disbursement
ERMK: HELENE LINCHEY

Candidate Name
KAREN BASS

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District: 37

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : EXPB3544

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KAREN BASS FOR CONGRESS

Mailing Address 777 S. FIGUEROA STREET SUITE 4050

City State Zip Code
LOS ANGELES CA 90017

Purpose of Disbursement
ERMK: JOANN LOULAN

Candidate Name
KAREN BASS

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District: 37

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : EXPB3542

Amount of Each Disbursement this Period

25.00

Memo Item

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

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

58.57

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

Form/Schedule: SB29

Transaction ID : EXPB3495

ERMK: ROSEMARY CAMPOSANO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3544

ERMK: HELENE LINCHEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3542

ERMK: JOANN LOULAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KAREN BASS FOR CONGRESS

Mailing Address 777 S. FIGUEROA STREET SUITE 4050

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement
ERMK: STACY MASON

Candidate Name
KAREN BASS

Office Sought: House
 Senate
 President
State: CA District: 37

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : EXPB3541

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KAREN BASS FOR CONGRESS

Mailing Address 777 S. FIGUEROA STREET SUITE 4050

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement
ERMK: ROSEMARY CAMPOSANO

Candidate Name
KAREN BASS

Office Sought: House
 Senate
 President
State: CA District: 37

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : EXPB3543

Amount of Each Disbursement this Period

28.57

Memo Item

Full Name (Last, First, Middle Initial)

C. MARCIA FUDGE FOR CONGRESS

Mailing Address 3729 SILSBY RD

City UNIVERSITY HEIGHTS State OH Zip Code 44118

Purpose of Disbursement
ERMK: HELENE LINCHEY

Candidate Name
MARCIA FUDGE

Office Sought: House
 Senate
 President
State: OH District: 11

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : EXPB3548

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

38.57

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

Form/Schedule: SB29

Transaction ID : EXPB3541

ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3543

ERMK: ROSEMARY CAMPOSANO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3548

ERMK: HELENE LINCHEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. MARCIA FUDGE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2016

Mailing Address 3729 SILSBY RD

Transaction ID : EXPB3547

City State Zip Code
UNIVERSITY HEIGHTS OH 44118

Amount of Each Disbursement this Period

28.58

Purpose of Disbursement
ERMK: ROSEMARY CAMPOSANO

--

Candidate Name

MARCIA FUDGE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: OH District: 11

Full Name (Last, First, Middle Initial)

B. MARCIA FUDGE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2016

Mailing Address 3729 SILSBY RD

Transaction ID : EXPB3546

City State Zip Code
UNIVERSITY HEIGHTS OH 44118

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement
ERMK: JOANN LOULAN

--

Candidate Name

MARCIA FUDGE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: OH District: 11

Full Name (Last, First, Middle Initial)

C. MARCIA FUDGE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2016

Mailing Address 3729 SILSBY RD

Transaction ID : EXPB3545

City State Zip Code
UNIVERSITY HEIGHTS OH 44118

Amount of Each Disbursement this Period

5.00

Purpose of Disbursement
ERMK: STACY MASON

--

Candidate Name

MARCIA FUDGE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: OH District: 11

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

58.58

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

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

Form/Schedule: SB29

Transaction ID : EXPB3547

ERMK: ROSEMARY CAMPOSANO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3546

ERMK: JOANN LOULAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

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

Form/Schedule: SB29

Transaction ID : EXPB3545

ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. MOORE FOR CONGRESS

Mailing Address PO BOX 16646

City MILWAUKEE State WI Zip Code 53216

Purpose of Disbursement
ERMK: STACY MASON

Candidate Name
GWEN MOORE

Office Sought: House
 Senate
 President
State: WI District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : EXPB3537

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. MOORE FOR CONGRESS

Mailing Address PO BOX 16646

City MILWAUKEE State WI Zip Code 53216

Purpose of Disbursement
ERMK: ROSEMARY CAMPOSANO

Candidate Name
GWEN MOORE

Office Sought: House
 Senate
 President
State: WI District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : EXPB3539

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. MOORE FOR CONGRESS

Mailing Address PO BOX 16646

City MILWAUKEE State WI Zip Code 53216

Purpose of Disbursement
ERMK: JOANN LOULAN

Candidate Name
GWEN MOORE

Office Sought: House
 Senate
 President
State: WI District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : EXPB3538

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB29

Transaction ID : EXPB3537

ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3539

ERMK: ROSEMARY CAMPOSANO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3538

ERMK: JOANN LOULAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. MOORE FOR CONGRESS

Mailing Address PO BOX 16646

City MILWAUKEE State WI Zip Code 53216

Purpose of Disbursement
ERMK: HELENE LINCHEY

Candidate Name
GWEN MOORE

Office Sought: House
 Senate
 President
State: WI District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : EXPB3540

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement
ERMK: STACY MASON

Candidate Name
TERRI SEWELL

Office Sought: House
 Senate
 President
State: AL District: 07

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : EXPB3501

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement
ERMK: ROSEMARY CAMPOSANO

Candidate Name
TERRI SEWELL

Office Sought: House
 Senate
 President
State: AL District: 07

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : EXPB3503

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB29

Transaction ID : EXPB3540

ERMK: HELENE LINCHEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3501

ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

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

Form/Schedule: SB29

Transaction ID : EXPB3503

ERMK: ROSEMARY CAMPOSANO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement
ERMK: JOANN LOULAN

Candidate Name
TERRI SEWELL

Office Sought: House
 Senate
 President
State: AL District: 07

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : EXPB3502

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement
ERMK: HELENE LINCHEY

Candidate Name
TERRI SEWELL

Office Sought: House
 Senate
 President
State: AL District: 07

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : EXPB3504

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. VAL DEMINGS FOR CONGRESS

Mailing Address PO BOX 536926

City ORLAND State FL Zip Code 32853

Purpose of Disbursement
ERMK: STACY MASON

Candidate Name
VAL DEMINGS

Office Sought: House
 Senate
 President
State: FL District: 10

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : EXPB3556

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

35.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3502

ERMK: JOANN LOULAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3504

ERMK: HELENE LINCHEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3556

ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. VAL DEMINGS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2016

Mailing Address PO BOX 536926

Transaction ID : EXPB3557

City ORLAND State FL Zip Code 32853

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement
ERMK: JOANN LOULAN

Category/ Type

Candidate Name

VAL DEMINGS

Memo Item

Office Sought: House
 Senate
 President
State: FL District: 10

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. VAL DEMINGS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2016

Mailing Address PO BOX 536926

Transaction ID : EXPB3558

City ORLAND State FL Zip Code 32853

Amount of Each Disbursement this Period

28.57

Purpose of Disbursement
ERMK: ROSEMARY CAMPOSANO

Category/ Type

Candidate Name

VAL DEMINGS

Memo Item

Office Sought: House
 Senate
 President
State: FL District: 10

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. VAL DEMINGS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2016

Mailing Address PO BOX 536926

Transaction ID : EXPB3559

City ORLAND State FL Zip Code 32853

Amount of Each Disbursement this Period

5.00

Purpose of Disbursement
ERMK: HELENE LINCHEY

Category/ Type

Candidate Name

VAL DEMINGS

Memo Item

Office Sought: House
 Senate
 President
State: FL District: 10

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

58.57

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

Form/Schedule: SB29

Transaction ID : EXPB3557

ERMK: JOANN LOULAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3558

ERMK: ROSEMARY CAMPOSANO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3559

ERMK: HELENE LINCHEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CORRINE BROWN

Mailing Address PO BOX 40087

City JACKSONVILLE State FL Zip Code 32203

Purpose of Disbursement
ERMK: CYNTHIA KIRBY

Candidate Name
CORRINE BROWN

Office Sought: House
 Senate
 President
State: FL District: 05

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2016

Transaction ID : EXPB3943

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CORRINE BROWN

Mailing Address PO BOX 40087

City JACKSONVILLE State FL Zip Code 32203

Purpose of Disbursement
ORIGINAL CHECK NOT DEPOSITED. ERMK: MYRNA PINEDO

Candidate Name
CORRINE BROWN

Office Sought: House
 Senate
 President
State: FL District: 05

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2016

Transaction ID : EXPB3928

Amount of Each Disbursement this Period

-10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CORRINE BROWN

Mailing Address PO BOX 40087

City JACKSONVILLE State FL Zip Code 32203

Purpose of Disbursement
ORIGINAL CHECK NOT DEPOSITED. ERMK: CYNTHIA KIRBY

Candidate Name
CORRINE BROWN

Office Sought: House
 Senate
 President
State: FL District: 05

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2016

Transaction ID : EXPB3929

Amount of Each Disbursement this Period

-5.00

Memo Item

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

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

-10.00

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

Form/Schedule: SB29

Transaction ID : EXPB3943

ERMK: CYNTHIA KIRBY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3928

ERMK: MYRNA PINEDO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

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

Form/Schedule: SB29

Transaction ID : EXPB3929

ERMK: CYNTHIA KIRBY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CORRINE BROWN

Mailing Address PO BOX 40087

City JACKSONVILLE State FL Zip Code 32203

Purpose of Disbursement
ERMK: MYRNA PINEDO

Candidate Name
CORRINE BROWN

Office Sought: House
 Senate
 President
State: FL District: 05

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **EXPB3942**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. GRACE FOR NEW YORK

Mailing Address PO BOX 656555

City FRESH MEADOWS State NY Zip Code 11365

Purpose of Disbursement
ORIGINAL CHECK NOT DEPOSITED. ERMK: STACY MASON

Candidate Name
GRACE MENG

Office Sought: House
 Senate
 President
State: NY District: 06

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **EXPB3919**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. GRACE FOR NEW YORK

Mailing Address PO BOX 656555

City FRESH MEADOWS State NY Zip Code 11365

Purpose of Disbursement
ERMK: STACY MASON

Candidate Name
GRACE MENG

Office Sought: House
 Senate
 President
State: NY District: 06

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **EXPB3933**

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB29

Transaction ID : EXPB3942

ERMK: MYRNA PINEDO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3919

ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

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

Form/Schedule: SB29

Transaction ID : EXPB3933

ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KAREN BASS FOR CONGRESS

Mailing Address 777 S. FIGUEROA STREET SUITE 4050

City State Zip Code
LOS ANGELES CA 90017

Purpose of Disbursement
ERMK: STACY MASON

Candidate Name
KAREN BASS

Office Sought: House
 Senate
 President
State: CA District: 37

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : EXPB3931

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KAREN BASS FOR CONGRESS

Mailing Address 777 S. FIGUEROA STREET SUITE 4050

City State Zip Code
LOS ANGELES CA 90017

Purpose of Disbursement
ORIGINAL CHECK NOT DEPOSITED. ERMK: STACY MASON

Candidate Name
KAREN BASS

Office Sought: House
 Senate
 President
State: CA District: 37

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : EXPB3917

Amount of Each Disbursement this Period

-5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KATHLEEN RICE FOR CONGRESS

Mailing Address PO BOX 744

City State Zip Code
MINEOLA NY 11501

Purpose of Disbursement
ORIGINAL CHECK NOT DEPOSITED. ERMK: DONNA MILLS

Candidate Name
KATHLEEN RICE

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : EXPB3923

Amount of Each Disbursement this Period

-15.00

Memo Item

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

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

-15.00

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

Form/Schedule: SB29

Transaction ID : EXPB3931

ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3917

ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3923

ERMK: DONNA MILLS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KATHLEEN RICE FOR CONGRESS

Mailing Address PO BOX 744

City MINEOLA State NY Zip Code 11501

Purpose of Disbursement
ERMK: DONNA MILLS

Candidate Name
KATHLEEN RICE

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : EXPB3937

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PAMELA KEITH FOR SENATE 2016

Mailing Address 120 N RIVER DRIVE W

City JUPITER State FL Zip Code 33458

Purpose of Disbursement
ORIGINAL CHECK NOT DEPOSITED. ERMK: KATHARINE MILLER

Candidate Name
PAM KEITH

Office Sought: House
 Senate
 President
State: FL District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : EXPB3920

Amount of Each Disbursement this Period

-15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PAMELA KEITH FOR SENATE 2016

Mailing Address 120 N RIVER DRIVE W

City JUPITER State FL Zip Code 33458

Purpose of Disbursement
ORIGINAL CHECK NOT DEPOSITED. ERMK: JANICE WERBINSKI

Candidate Name
PAM KEITH

Office Sought: House
 Senate
 President
State: FL District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : EXPB3922

Amount of Each Disbursement this Period

-5.00

Memo Item

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

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

-5.00

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

Form/Schedule: SB29

Transaction ID : EXPB3937

ERMK: DONNA MILLS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3920

ERMK: KATHARINE MILLER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

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

Form/Schedule: SB29

Transaction ID : EXPB3922

ERMK: JANICE WERBINSKI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. PAMELA KEITH FOR SENATE 2016

Mailing Address 120 N RIVER DRIVE W

City JUPITER State FL Zip Code 33458

Purpose of Disbursement
ERMK: LESLIE DOROSIN

Candidate Name
PAM KEITH

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2016

Transaction ID : EXPB3932

Amount of Each Disbursement this Period

7.50

Memo Item

Full Name (Last, First, Middle Initial)

B. PAMELA KEITH FOR SENATE 2016

Mailing Address 120 N RIVER DRIVE W

City JUPITER State FL Zip Code 33458

Purpose of Disbursement
ERMK: KATHARINE MILLER

Candidate Name
PAM KEITH

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2016

Transaction ID : EXPB3934

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PAMELA KEITH FOR SENATE 2016

Mailing Address 120 N RIVER DRIVE W

City JUPITER State FL Zip Code 33458

Purpose of Disbursement
ORIGINAL CHECK NOT DEPOSITED. ERMK: LESLIE DOROSIN

Candidate Name
PAM KEITH

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2016

Transaction ID : EXPB3918

Amount of Each Disbursement this Period

-7.50

Memo Item

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

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

15.00

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

Form/Schedule: SB29

Transaction ID : EXPB3932

ERMK: LESLIE DOROSIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3934

ERMK: KATHARINE MILLER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3918

ERMK: LESLIE DOROSIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. PAMELA KEITH FOR SENATE 2016

Mailing Address 120 N RIVER DRIVE W

City State Zip Code
JUPITER FL 33458

Purpose of Disbursement
ERMK: JANICE WERBINSKI

Candidate Name
PAM KEITH

Office Sought: House
 Senate
 President
State: FL District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2016

Transaction ID : EXPB3936

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PODER PAC

Mailing Address 520 MAPLE COURT

City State Zip Code
FALLS CHURCH VA 22041

Purpose of Disbursement
ORIGINAL CHECK NOT DEPOSITED. ERMK: ALIANA APODACA

Candidate Name
PODER PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2016

Transaction ID : EXPB3930

Amount of Each Disbursement this Period

-100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PODER PAC

Mailing Address 520 MAPLE COURT

City State Zip Code
FALLS CHURCH VA 22041

Purpose of Disbursement
ERMK: ALIANA APODACA

Candidate Name
PODER PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2016

Transaction ID : EXPB3944

Amount of Each Disbursement this Period

100.00

Memo Item

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

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

5.00

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

Form/Schedule: SB29

Transaction ID : EXPB3936

ERMK: JANICE WERBINSKI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3930

ERMK: ALIANA APODACA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

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

Form/Schedule: SB29

Transaction ID : EXPB3944

ERMK: ALIANA APODACA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. SUSAN DAVIS FOR CONGRESS

Mailing Address PO BOX 84049

City SAN DIEGO State CA Zip Code 92138

Purpose of Disbursement
ORIGINAL CHECK NOT DEPOSITED. ERMK: MYRNA PINEDO

Candidate Name
SUSAN DAVIS

Office Sought: House
 Senate
 President
State: CA District: 53

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : EXPB3926

Amount of Each Disbursement this Period

-10.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SUSAN DAVIS FOR CONGRESS

Mailing Address PO BOX 84049

City SAN DIEGO State CA Zip Code 92138

Purpose of Disbursement
ERMK: CYNTHIA KIRBY

Candidate Name
SUSAN DAVIS

Office Sought: House
 Senate
 President
State: CA District: 53

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : EXPB3941

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SUSAN DAVIS FOR CONGRESS

Mailing Address PO BOX 84049

City SAN DIEGO State CA Zip Code 92138

Purpose of Disbursement
ORIGINAL CHECK NOT DEPOSITED. ERMK: CYNTHIA KIRBY

Candidate Name
SUSAN DAVIS

Office Sought: House
 Senate
 President
State: CA District: 53

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : EXPB3927

Amount of Each Disbursement this Period

-5.00

Memo Item

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

-10.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`#19A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3926

ERMK: MYRNA PINEDO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3941

ERMK: CYNTHIA KIRBY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3927

ERMK: CYNTHIA KIRBY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. SUSAN DAVIS FOR CONGRESS

Mailing Address PO BOX 84049

City SAN DIEGO State CA Zip Code 92138

Purpose of Disbursement
ERMK: MYRNA PINEDO

Candidate Name
SUSAN DAVIS

Office Sought: House
 Senate
 President
State: CA District: 53

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2016

Transaction ID : EXPB3940

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement
ERMK: CYNTHIA KIRBY

Candidate Name
TERRI SEWELL

Office Sought: House
 Senate
 President
State: AL District: 07

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2016

Transaction ID : EXPB3939

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement
ERMK: MYRNA PINEDO

Candidate Name
TERRI SEWELL

Office Sought: House
 Senate
 President
State: AL District: 07

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2016

Transaction ID : EXPB3938

Amount of Each Disbursement this Period

10.00

Memo Item

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

25.00

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

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

Form/Schedule: SB29

Transaction ID : EXPB3940

ERMK: MYRNA PINEDO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3939

ERMK: CYNTHIA KIRBY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3938

ERMK: MYRNA PINEDO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement ORIGINAL CHECK NOT DEPOSITED. ERMK: CYNTHIA KIRBY

Candidate Name **TERRI SEWELL**

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

State: AL District: 07

Date of Disbursement MM / DD / YYYY
02 / 24 / 2016

Transaction ID : **EXPB3925**

Amount of Each Disbursement this Period
-5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement ORIGINAL CHECK NOT DEPOSITED. ERMK: ELIZABETH JAFF

Candidate Name **TERRI SEWELL**

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

State: AL District: 07

Date of Disbursement MM / DD / YYYY
02 / 24 / 2016

Transaction ID : **EXPB3921**

Amount of Each Disbursement this Period
-5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement ORIGINAL CHECK NOT DEPOSITED. ERMK: MYRNA PINEDO

Candidate Name **TERRI SEWELL**

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

State: AL District: 07

Date of Disbursement MM / DD / YYYY
02 / 24 / 2016

Transaction ID : **EXPB3924**

Amount of Each Disbursement this Period
-10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ -20.00

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

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

Form/Schedule: SB29

Transaction ID : EXPB3925

ERMK: CYNTHIA KIRBY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3921

ERMK: ELIZABETH JAFF-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

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

Form/Schedule: SB29

Transaction ID : EXPB3924

ERMK: MYRNA PINEDO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City State Zip Code
BIRMINGHAM AL 35201

Purpose of Disbursement
ERMK: ELIZABETH JAFF

Candidate Name
TERRI SEWELL

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: AL District: 07

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2016

Transaction ID : EXPB3935

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DEBORAH ROSS FOR SENATE

Mailing Address PO BOX 28258

City State Zip Code
RALEIGH NC 27611

Purpose of Disbursement
ERMK: KATHRYN ROEPNACK

Candidate Name
DEBORAH ROSS

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

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3661

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DEBORAH ROSS FOR SENATE

Mailing Address PO BOX 28258

City State Zip Code
RALEIGH NC 27611

Purpose of Disbursement
ERMK: COLLETTE SELL

Candidate Name
DEBORAH ROSS

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

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3660

Amount of Each Disbursement this Period

15.00

Memo Item

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

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

25.00

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

Form/Schedule: SB29

Transaction ID : EXPB3935

ERMK: ELIZABETH JAFF-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3661

ERMK: KATHRYN ROEPNACK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

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

Form/Schedule: SB29

Transaction ID : EXPB3660

ERMK: COLLETTE SELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. DEBORAH ROSS FOR SENATE

Mailing Address PO BOX 28258

City RALEIGH State NC Zip Code 27611

Purpose of Disbursement
ERMK: ELIZABETH MCGRATH

Candidate Name
DEBORAH ROSS

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3655

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DEBORAH ROSS FOR SENATE

Mailing Address PO BOX 28258

City RALEIGH State NC Zip Code 27611

Purpose of Disbursement
ERMK: JANET COLE

Candidate Name
DEBORAH ROSS

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3656

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DEBORAH ROSS FOR SENATE

Mailing Address PO BOX 28258

City RALEIGH State NC Zip Code 27611

Purpose of Disbursement
ERMK: WAYNE AYERS

Candidate Name
DEBORAH ROSS

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3658

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

15.00

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

Form/Schedule: SB29

Transaction ID : EXPB3655

ERMK: ELIZABETH MCGRATH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3656

ERMK: JANET COLE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3658

ERMK: WAYNE AYERS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. DEBORAH ROSS FOR SENATE

Mailing Address PO BOX 28258

City RALEIGH State NC Zip Code 27611

Purpose of Disbursement
ERMK: WILLIAM KAY

Candidate Name
DEBORAH ROSS

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3657

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DEBORAH ROSS FOR SENATE

Mailing Address PO BOX 28258

City RALEIGH State NC Zip Code 27611

Purpose of Disbursement
ERMK: SANDRA GRUVER

Candidate Name
DEBORAH ROSS

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3659

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DONNA EDWARDS FOR SENATE

Mailing Address PO BOX 44305

City FORT WASHINGTON State MD Zip Code 49430

Purpose of Disbursement
ERMK: SUSAN RICHARDSON

Candidate Name
DONNA EDWARDS

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3601

Amount of Each Disbursement this Period

250.00

Memo Item

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

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

270.00

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

Form/Schedule: SB29

Transaction ID : EXPB3657

ERMK: WILLIAM KAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3659

ERMK: SANDRA GRUVER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A -G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A -N5 HCB

Form/Schedule: SB29

Transaction ID : EXPB3601

ERMK: SUSAN RICHARDSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. HILLARY FOR AMERICA		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address P.O. BOX 5256		Transaction ID : EXPB3599
City NEW YORK	State NY	
Zip Code 10185	Purpose of Disbursement ERMK: KATHRYN ROEPNACK	Amount of Each Disbursement this Period 5.00
Candidate Name HILLARY RODHAM CLINTON	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HILLARY FOR AMERICA		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address P.O. BOX 5256		Transaction ID : EXPB3600
City NEW YORK	State NY	
Zip Code 10185	Purpose of Disbursement ERMK: JESSE MAINARDI	Amount of Each Disbursement this Period 5.00
Candidate Name HILLARY RODHAM CLINTON	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. KATIE MCGINTY FOR SENATE		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address PO BOX 22447		Transaction ID : EXPB3579
City PHILADELPHIA	State PA	
Zip Code 19110	Purpose of Disbursement ERMK: ELIZABETH MCGRATH	Amount of Each Disbursement this Period 5.00
Candidate Name KATHLEEN 'KATIE' MCGINTY	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District:		

SUBTOTAL of Disbursements This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SB29

Transaction ID : EXPB3599

ERMK: KATHRYN ROEPNACK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3600

ERMK: JESSE MAINARDI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

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

Form/Schedule: SB29

Transaction ID : EXPB3579

ERMK: ELIZABETH MCGRATH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KATIE MCGINTY FOR SENATE

Mailing Address PO BOX 22447

City PHILADELPHIA State PA Zip Code 19110

Purpose of Disbursement
ERMK: JANET COLE

Candidate Name
KATHLEEN 'KATIE' MCGINTY

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

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3580

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KATIE MCGINTY FOR SENATE

Mailing Address PO BOX 22447

City PHILADELPHIA State PA Zip Code 19110

Purpose of Disbursement
ERMK: SANDRA GRUVER

Candidate Name
KATHLEEN 'KATIE' MCGINTY

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

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3583

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KATIE MCGINTY FOR SENATE

Mailing Address PO BOX 22447

City PHILADELPHIA State PA Zip Code 19110

Purpose of Disbursement
ERMK: COLLETTE SELL

Candidate Name
KATHLEEN 'KATIE' MCGINTY

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

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3584

Amount of Each Disbursement this Period

15.00

Memo Item

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

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

25.00

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

Form/Schedule: SB29

Transaction ID : EXPB3580

ERMK: JANET COLE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3583

ERMK: SANDRA GRUVER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3584

ERMK: COLLETTE SELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KATIE MCGINTY FOR SENATE

Mailing Address PO BOX 22447

City PHILADELPHIA State PA Zip Code 19110

Purpose of Disbursement
ERMK: KATHRYN ROEPNACK

Candidate Name
KATHLEEN 'KATIE' MCGINTY

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

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3585

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KATIE MCGINTY FOR SENATE

Mailing Address PO BOX 22447

City PHILADELPHIA State PA Zip Code 19110

Purpose of Disbursement
ERMK: WILLIAM KAY

Candidate Name
KATHLEEN 'KATIE' MCGINTY

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

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3581

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KATIE MCGINTY FOR SENATE

Mailing Address PO BOX 22447

City PHILADELPHIA State PA Zip Code 19110

Purpose of Disbursement
ERMK: WAYNE AYERS

Candidate Name
KATHLEEN 'KATIE' MCGINTY

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

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3582

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

25.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5H-CB

Form/Schedule: SB29

Transaction ID : EXPB3585

ERMK: KATHRYN ROEPNACK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3581

ERMK: WILLIAM KAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3582

ERMK: WAYNE AYERS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KIRKPATRICK FOR SENATE

Mailing Address PO BOX 34421

City PHOENIX State AZ Zip Code 85067

Purpose of Disbursement
ERMK: SANDRA GRUVER

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **EXPB3569**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. KIRKPATRICK FOR SENATE

Mailing Address PO BOX 34421

City PHOENIX State AZ Zip Code 85067

Purpose of Disbursement
ERMK: COLLETTE SELL

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **EXPB3570**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. KIRKPATRICK FOR SENATE

Mailing Address PO BOX 34421

City PHOENIX State AZ Zip Code 85067

Purpose of Disbursement
ERMK: JANET COLE

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **EXPB3566**

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB29

Transaction ID : EXPB3569

ERMK: SANDRA GRUVER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3570

ERMK: COLLETTE SELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

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

Form/Schedule: SB29

Transaction ID : EXPB3566

ERMK: JANET COLE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KIRKPATRICK FOR SENATE

Mailing Address PO BOX 34421

City PHOENIX State AZ Zip Code 85067

Purpose of Disbursement
ERMK: KATHRYN ROEPNACK

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3571

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. KIRKPATRICK FOR SENATE

Mailing Address PO BOX 34421

City PHOENIX State AZ Zip Code 85067

Purpose of Disbursement
ERMK: WILLIAM KAY

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3567

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. KIRKPATRICK FOR SENATE

Mailing Address PO BOX 34421

City PHOENIX State AZ Zip Code 85067

Purpose of Disbursement
ERMK: WAYNE AYERS

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3568

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB29

Transaction ID : EXPB3571

ERMK: KATHRYN ROEPNACK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3567

ERMK: WILLIAM KAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

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

Form/Schedule: SB29

Transaction ID : EXPB3568

ERMK: WAYNE AYERS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KIRKPATRICK FOR SENATE

Mailing Address PO BOX 34421

City PHOENIX State AZ Zip Code 85067

Purpose of Disbursement
ERMK: ELIZABETH MCGRATH

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3565

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MAGGIE FOR NH

Mailing Address P.O. BOX 298

City CONCORD State NH Zip Code 3302

Purpose of Disbursement
ERMK: JANET COLE

Candidate Name
MAGGIE HASSAN

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3587

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MAGGIE FOR NH

Mailing Address P.O. BOX 298

City CONCORD State NH Zip Code 3302

Purpose of Disbursement
ERMK: ELIZABETH MCGRATH

Candidate Name
MAGGIE HASSAN

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3586

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

15.00

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

Form/Schedule: SB29

Transaction ID : EXPB3565

ERMK: ELIZABETH MCGRATH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3587

ERMK: JANET COLE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

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

Form/Schedule: SB29

Transaction ID : EXPB3586

ERMK: ELIZABETH MCGRATH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. MAGGIE FOR NH

Mailing Address P.O. BOX 298

City State Zip Code
CONCORD NH 3302

Purpose of Disbursement
ERMK: KATHRYN ROEPNACK

Candidate Name
MAGGIE HASSAN

Office Sought: House
 Senate
 President
State: NH District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : EXPB3591

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. MAGGIE FOR NH

Mailing Address P.O. BOX 298

City State Zip Code
CONCORD NH 3302

Purpose of Disbursement
ERMK: WILLIAM KAY

Candidate Name
MAGGIE HASSAN

Office Sought: House
 Senate
 President
State: NH District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : EXPB3588

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. MAGGIE FOR NH

Mailing Address P.O. BOX 298

City State Zip Code
CONCORD NH 3302

Purpose of Disbursement
ERMK: SANDRA GRUVER

Candidate Name
MAGGIE HASSAN

Office Sought: House
 Senate
 President
State: NH District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : EXPB3590

Amount of Each Disbursement this Period

Memo Item

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

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

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

Form/Schedule: SB29

Transaction ID : EXPB3591

ERMK: KATHRYN ROEPNACK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3588

ERMK: WILLIAM KAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3590

ERMK: SANDRA GRUVER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. MAGGIE FOR NH

Mailing Address P.O. BOX 298

City State Zip Code
CONCORD NH 3302

Purpose of Disbursement
ERMK: WAYNE AYERS

Candidate Name
MAGGIE HASSAN

Office Sought: House
 Senate
 President
State: NH District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : EXPB3589

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TAMMY FOR ILLINOIS

Mailing Address P.O. BOX 59568

City State Zip Code
SCHAUMBURG IL 60159

Purpose of Disbursement
ERMK: ELIZABETH MCGRATH

Candidate Name
TAMMY DUCKWORTH

Office Sought: House
 Senate
 President
State: IL District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : EXPB3572

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TAMMY FOR ILLINOIS

Mailing Address P.O. BOX 59568

City State Zip Code
SCHAUMBURG IL 60159

Purpose of Disbursement
ERMK: JANET COLE

Candidate Name
TAMMY DUCKWORTH

Office Sought: House
 Senate
 President
State: IL District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : EXPB3573

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

15.00

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

Form/Schedule: SB29

Transaction ID : EXPB3589

ERMK: WAYNE AYERS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3572

ERMK: ELIZABETH MCGRATH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3573

ERMK: JANET COLE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. TAMMY FOR ILLINOIS

Mailing Address P.O. BOX 59568

City State Zip Code
SCHAUMBURG IL 60159

Purpose of Disbursement
ERMK: SANDRA GRUVER

Candidate Name
TAMMY DUCKWORTH

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3576

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TAMMY FOR ILLINOIS

Mailing Address P.O. BOX 59568

City State Zip Code
SCHAUMBURG IL 60159

Purpose of Disbursement
ERMK: WAYNE AYERS

Candidate Name
TAMMY DUCKWORTH

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3575

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TAMMY FOR ILLINOIS

Mailing Address P.O. BOX 59568

City State Zip Code
SCHAUMBURG IL 60159

Purpose of Disbursement
ERMK: KATHRYN ROEPNACK

Candidate Name
TAMMY DUCKWORTH

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3578

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

15.00

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

Form/Schedule: SB29

Transaction ID : EXPB3576

ERMK: SANDRA GRUVER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3575

ERMK: WAYNE AYERS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB3578

ERMK: KATHRYN ROEPNACK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. TAMMY FOR ILLINOIS

Mailing Address P.O. BOX 59568

City State Zip Code
SCHAUMBURG IL 60159

Purpose of Disbursement
ERMK: WILLIAM KAY

Candidate Name
TAMMY DUCKWORTH

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3574

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TAMMY FOR ILLINOIS

Mailing Address P.O. BOX 59568

City State Zip Code
SCHAUMBURG IL 60159

Purpose of Disbursement
ERMK: COLLETTE SELL

Candidate Name
TAMMY DUCKWORTH

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : EXPB3577

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

30.00

16542.50

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

Form/Schedule: SB29

Transaction ID : EXPB3574

ERMK: WILLIAM KAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB29

Transaction ID: EXPB3577

ERMK: COLLETTE SELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 253 OF 253
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HANSON BRIDGETT LLP	Nature of Debt (Purpose): LEGAL AND COMPLIANCE
Mailing Address 425 MARKET STREET, 26TH FLOOR	
City State Zip Code SAN FRANCISCO CA 94105	

Outstanding Balance Beginning This Period 1305.00	Transaction ID : PAYD3367	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1305.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	1305.00
2) TOTALS This Period (last page this line number only)..... ▶	1305.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1305.00