

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 393 7TH AVENUE, SUITE 301 Check if different than previously reported. (ACC) SAN FRANCISCO CA 94118

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00450098 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 06/01/2016 through 06/30/2016

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 Stacy Mason

Signature of Treasurer Stacy Mason [Electronically Filed] Date 07/20/2016

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)

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="8333.89"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="26017.60"/>	<input type="text" value="120245.36"/>
(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="34351.49"/>	<input type="text" value="123903.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29807.17"/>	<input type="text" value="119359.57"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4544.32"/>	<input type="text" value="4544.32"/>
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="8279.95"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
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).....	24905.00	115286.51
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24905.00	115286.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1112.60	4410.55
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	26017.60	119697.06
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	548.30
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))..... ▶	26017.60	120245.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26017.60	120245.36

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	1467.17	8856.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1467.17	8856.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27815.00	109896.75
24. Independent Expenditures (use Schedule E)	25.00	106.25
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	500.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	500.00	500.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29807.17	119359.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29807.17	119359.57

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)	26017.60	119697.06
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25517.60	119197.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1467.17	8856.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1467.17	8856.57

**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 349
	<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	

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 OBERG
Full Name (Last, First, Middle Initial)
Mailing Address 5556 BACON ROAD

City OAKLAND	State CA	Zip Code 94619
FEC ID number of contributing federal political committee. C		
Name of Employer DENTONS US LLP	Occupation LAWYER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00	

Date of Receipt
MM / DD / YYYY
06 / 01 / 2016
Transaction ID : INCA4763

Amount of Each Receipt this Period
200.00

Memo Item
ERMK: TAMMY FOR ILLINOIS

B. LISA OBERG
Full Name (Last, First, Middle Initial)
Mailing Address 5556 BACON ROAD

City OAKLAND	State CA	Zip Code 94619
FEC ID number of contributing federal political committee. C		
Name of Employer DENTONS US LLP	Occupation LAWYER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00	

Date of Receipt
MM / DD / YYYY
06 / 01 / 2016
Transaction ID : INCA4765

Amount of Each Receipt this Period
5.00

Memo Item

C. LISA OBERG
Full Name (Last, First, Middle Initial)
Mailing Address 5556 BACON ROAD

City OAKLAND	State CA	Zip Code 94619
FEC ID number of contributing federal political committee. C		
Name of Employer DENTONS US LLP	Occupation LAWYER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00	

Date of Receipt
MM / DD / YYYY
06 / 01 / 2016
Transaction ID : INCA4764

Amount of Each Receipt this Period
300.00

Memo Item
ERMK: HILLARY FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶	505.00
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 7 OF 349
	<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. COURTNEY MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 1444 VALLEJO STREET APT 2

City	State	Zip Code
SAN FRANCISCO	CA	94109

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

Name of Employer	Occupation
RODAN + FIELDS	VICE PRESIDENT, STRATEGY & INSIGHTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3005.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : INCA4914

Amount of Each Receipt this Period
5.00

Memo Item

B. COURTNEY MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 1444 VALLEJO STREET APT 2

City	State	Zip Code
SAN FRANCISCO	CA	94109

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

Name of Employer	Occupation
RODAN + FIELDS	VICE PRESIDENT, STRATEGY & INSIGHTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3005.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : INCA4913

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: TAMMY FOR ILLINOIS

C. AMY RAO
Full Name (Last, First, Middle Initial)

Mailing Address 228 SEALE AVE,

City	State	Zip Code
PALO ALTO	CA	94301

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

Name of Employer	Occupation
IAS	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : INCA4870

Amount of Each Receipt this Period
2700.00

Memo Item
ERMK: TAMMY FOR ILLINOIS

SUBTOTAL of Receipts This Page (optional).....	3705.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 349
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. IRENE WAPNIR
Full Name (Last, First, Middle Initial)

Mailing Address 773 FRENCHMANS RS

City STANDORD State CA Zip Code 94305

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

Name of Employer STANFORD Occupation SURGEON

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
 06 / 03 / 2016

Transaction ID : INCA4905

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: JACKIE SPEIER FOR CONGRESS

B. IRENE WAPNIR
Full Name (Last, First, Middle Initial)

Mailing Address 773 FRENCHMANS RS

City STANDORD State CA Zip Code 94305

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

Name of Employer STANFORD Occupation SURGEON

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
 06 / 03 / 2016

Transaction ID : INCA4908

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: DEBBIE DINGELL FOR CONGRESS

C. IRENE WAPNIR
Full Name (Last, First, Middle Initial)

Mailing Address 773 FRENCHMANS RS

City STANDORD State CA Zip Code 94305

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

Name of Employer STANFORD Occupation SURGEON

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
 06 / 03 / 2016

Transaction ID : INCA4907

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: KATHLEEN RICE FOR CONGRESS

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 349
	(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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. IRENE WAPNIR
Full Name (Last, First, Middle Initial)

Mailing Address 773 FRENCHMANS RS

City State Zip Code
STANDORD CA 94305

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

Name of Employer Occupation
STANFORD SURGEON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2016

Transaction ID : INCA4904

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF ELIZABETH ESTY

B. IRENE WAPNIR
Full Name (Last, First, Middle Initial)

Mailing Address 773 FRENCHMANS RS

City State Zip Code
STANDORD CA 94305

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

Name of Employer Occupation
STANFORD SURGEON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2016

Transaction ID : INCA4911

Amount of Each Receipt this Period
5.00

Memo Item

C. IRENE WAPNIR
Full Name (Last, First, Middle Initial)

Mailing Address 773 FRENCHMANS RS

City State Zip Code
STANDORD CA 94305

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

Name of Employer Occupation
STANFORD SURGEON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2016

Transaction ID : INCA4912

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: HILLARY FOR AMERICA

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 349
	<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. IRENE WAPNIR
Full Name (Last, First, Middle Initial)

Mailing Address 773 FRENCHMANS RS

City STANDORD State CA Zip Code 94305

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

Name of Employer STANFORD Occupation SURGEON

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
 06 / 03 / 2016

Transaction ID : INCA4906

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: MALONEY FOR CONGRESS

B. IRENE WAPNIR
Full Name (Last, First, Middle Initial)

Mailing Address 773 FRENCHMANS RS

City STANDORD State CA Zip Code 94305

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

Name of Employer STANFORD Occupation SURGEON

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
 06 / 03 / 2016

Transaction ID : INCA4909

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: PEOPLE FOR PATTY MURRAY

C. IRENE WAPNIR
Full Name (Last, First, Middle Initial)

Mailing Address 773 FRENCHMANS RS

City STANDORD State CA Zip Code 94305

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

Name of Employer STANFORD Occupation SURGEON

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
 06 / 03 / 2016

Transaction ID : INCA4910

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: ROBIN KELLY FOR CONGRESS

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 349
	<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. MARY POWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 161 RANDALL STREET
 City SAN FRANCISCO State CA Zip Code 94131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRUCKER HUSS Occupation LAWYER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 04 / 2016**
Transaction ID : INCA4903
 Amount of Each Receipt this Period **1000.00**
 Memo Item
 ERMK: TAMMY FOR ILLINOIS

B. MICHAEL COLLINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3202 STEPHENSON PLACE NW
 City WASHINGTON State DC Zip Code 20015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GW LAW Occupation DEVELOPMENT OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **75.00**

Date of Receipt **06 / 06 / 2016**
Transaction ID : INCA4901
 Amount of Each Receipt this Period **25.00**
 Memo Item
 ERMK: ANNA ESHOO FOR CONGRESS

C. MICHAEL COLLINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3202 STEPHENSON PLACE NW
 City WASHINGTON State DC Zip Code 20015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GW LAW Occupation DEVELOPMENT OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **75.00**

Date of Receipt **06 / 06 / 2016**
Transaction ID : INCA4900
 Amount of Each Receipt this Period **25.00**
 Memo Item
 ERMK: KAMALA HARRIS FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. MICHAEL COLLINS

Mailing Address 3202 STEPHENSON PLACE NW

City	State	Zip Code
WASHINGTON	DC	20015

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

Name of Employer	Occupation
GW LAW	DEVELOPMENT OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2016

Transaction ID : INCA4899

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: HILLARY FOR AMERICA

Full Name (Last, First, Middle Initial)
B. KAREN SILVERMAN

Mailing Address 505 MONTGOMERY STREET SUITE 2000

City	State	Zip Code
SAN FRANCISCO	CA	94111

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

Name of Employer	Occupation
LATHAM & WATKINS	ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2016

Transaction ID : INCA4902

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: TAMMY FOR ILLINOIS

Full Name (Last, First, Middle Initial)
C. MEGAN CLAYTON

Mailing Address 60 DINSMORE AVE.

City	State	Zip Code
FRAMINGHAM	MA	1702

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

Name of Employer	Occupation
SELF-EMPLOYED, SAME NAME	DIGITAL CONSULTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : INCA4897

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KAMALA HARRIS FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	1030.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 349
	<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. MEGAN CLAYTON
Full Name (Last, First, Middle Initial)

Mailing Address 60 DINSMORE AVE.

City FRAMINGHAM	State MA	Zip Code 1702
--------------------	-------------	------------------

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

Name of Employer SELF-EMPLOYED, SAME NAME	Occupation DIGITAL CONSULTING
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : INCA4896

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: HILLARY FOR AMERICA

B. MEGAN CLAYTON
Full Name (Last, First, Middle Initial)

Mailing Address 60 DINSMORE AVE.

City FRAMINGHAM	State MA	Zip Code 1702
--------------------	-------------	------------------

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

Name of Employer SELF-EMPLOYED, SAME NAME	Occupation DIGITAL CONSULTING
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : INCA4898

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: BARRAGAN FOR CONGRESS

C. KARITA MATTILA
Full Name (Last, First, Middle Initial)

Mailing Address 4851 CERROMAR DRIVE

City NAPLES	State FL	Zip Code 34112
----------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED, SAME NAME	Occupation OPERA SINGER
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : INCA4889

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: HILLARY FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....	15.00
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 14 OF 349
	<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. KARITA MATTILA
Full Name (Last, First, Middle Initial)

Mailing Address 4851 CERROMAR DRIVE

City NAPLES State FL Zip Code 34112

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation OPERA SINGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 07 / 2016

Transaction ID : INCA4887

Amount of Each Receipt this Period 10.00

Memo Item

ERMK: MALONEY FOR CONGRESS

B. KARITA MATTILA
Full Name (Last, First, Middle Initial)

Mailing Address 4851 CERROMAR DRIVE

City NAPLES State FL Zip Code 34112

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation OPERA SINGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 07 / 2016

Transaction ID : INCA4888

Amount of Each Receipt this Period 5.00

Memo Item

C. AMY THORNTON
Full Name (Last, First, Middle Initial)

Mailing Address 172 LOCKSLEY AVENUE

City SAN FRANCISCO State CA Zip Code 94122

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation FUNDRAISING CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30.00

Date of Receipt 06 / 07 / 2016

Transaction ID : INCA4891

Amount of Each Receipt this Period 5.00

Memo Item

ERMK: KATHLEEN RICE FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....▶ 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 349
	<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. AMY THORNTON
Full Name (Last, First, Middle Initial)

Mailing Address 172 LOCKSLEY AVENUE

City SAN FRANCISCO State CA Zip Code 94122

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation FUNDRAISING CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30.00

Date of Receipt 06 / 07 / 2016

Transaction ID : INCA4890

Amount of Each Receipt this Period 5.00

Memo Item
ERMK: JACKIE SPEIER FOR CONGRESS

B. AMY THORNTON
Full Name (Last, First, Middle Initial)

Mailing Address 172 LOCKSLEY AVENUE

City SAN FRANCISCO State CA Zip Code 94122

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation FUNDRAISING CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30.00

Date of Receipt 06 / 07 / 2016

Transaction ID : INCA4893

Amount of Each Receipt this Period 5.00

Memo Item
ERMK: MALONEY FOR CONGRESS

C. AMY THORNTON
Full Name (Last, First, Middle Initial)

Mailing Address 172 LOCKSLEY AVENUE

City SAN FRANCISCO State CA Zip Code 94122

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation FUNDRAISING CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30.00

Date of Receipt 06 / 07 / 2016

Transaction ID : INCA4894

Amount of Each Receipt this Period 5.00

Memo Item
ERMK: BARBARA LEE FOR CONGRESS

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 349
	<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. AMY THORNTON
Full Name (Last, First, Middle Initial)

Mailing Address 172 LOCKSLEY AVENUE

City SAN FRANCISCO	State CA	Zip Code 94122
-----------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED, SAME NAME	Occupation FUNDRAISING CONSULTANT
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : INCA4892

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KAMALA HARRIS FOR SENATE

B. AMY THORNTON
Full Name (Last, First, Middle Initial)

Mailing Address 172 LOCKSLEY AVENUE

City SAN FRANCISCO	State CA	Zip Code 94122
-----------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED, SAME NAME	Occupation FUNDRAISING CONSULTANT
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : INCA4895

Amount of Each Receipt this Period
5.00

Memo Item

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

Mailing Address 206 EAST 90TH STREET, APT. 2E

City NEW YORK	State NY	Zip Code 10128
------------------	-------------	-------------------

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

Name of Employer COLUMBIA UNIVERSITY	Occupation ADMINISTRATIVE ASSISTANT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : INCA4886

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).....▶	

**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 17 OF 349
	<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

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

Mailing Address 206 EAST 90TH STREET, APT. 2E

City NEW YORK State NY Zip Code 10128

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

Name of Employer COLUMBIA UNIVERSITY Occupation ADMINISTRATIVE ASSISTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : INCA4885

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)
B. ALEXANDRA ACKER-LYONS

Mailing Address 3349 WAVERLEY STREET

City PALO ALTO State CA Zip Code 94306

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

Name of Employer ELECTING WOMEN SILICON VALLEY Occupation POLITICAL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2016

Transaction ID : INCA4884

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: TAMMY FOR ILLINOIS

Full Name (Last, First, Middle Initial)
C. JOANN LOULAN

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 ▼
1205.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2016

Transaction ID : INCA4883

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 40.00

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 18 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. JOANN LOULAN

Mailing Address 151 LOS TRANCOS CIRCLE

City	State	Zip Code
PORTOLA VALLEY	CA	94028

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

Name of Employer	Occupation
SELF-EMPLOYED, SAME NAME	COUNSELOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1205.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2016

Transaction ID : INCA4838

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: TAMMY FOR ILLINOIS

Full Name (Last, First, Middle Initial)
B. NANCY RUDIN

Mailing Address 575 GLENBROOK DRIVE

City	State	Zip Code
PALO ALTO	CA	94306

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

Name of Employer	Occupation
NONE	NOT EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2016

Transaction ID : INCA4876

Amount of Each Receipt this Period
20.00

Memo Item
ERMK: JACKIE SPEIER FOR CONGRESS

Full Name (Last, First, Middle Initial)
C. NANCY RUDIN

Mailing Address 575 GLENBROOK DRIVE

City	State	Zip Code
PALO ALTO	CA	94306

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

Name of Employer	Occupation
NONE	NOT EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2016

Transaction ID : INCA4878

Amount of Each Receipt this Period
20.00

Memo Item
ERMK: KAMALA HARRIS FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	1040.00
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 19 OF 349
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. NANCY RUDIN
Full Name (Last, First, Middle Initial)
Mailing Address 575 GLENBROOK DRIVE

City PALO ALTO	State CA	Zip Code 94306
-------------------	-------------	-------------------

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 ▼
120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Transaction ID : INCA4880

Amount of Each Receipt this Period

20.00

 Memo Item
 ERMK: BARBARA LEE FOR CONGRESS

B. NANCY RUDIN
Full Name (Last, First, Middle Initial)
Mailing Address 575 GLENBROOK DRIVE

City PALO ALTO	State CA	Zip Code 94306
-------------------	-------------	-------------------

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 ▼
120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Transaction ID : INCA4881

Amount of Each Receipt this Period

20.00

 Memo Item

C. NANCY RUDIN
Full Name (Last, First, Middle Initial)
Mailing Address 575 GLENBROOK DRIVE

City PALO ALTO	State CA	Zip Code 94306
-------------------	-------------	-------------------

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 ▼
120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Transaction ID : INCA4877

Amount of Each Receipt this Period

20.00

 Memo Item
 ERMK: KATHLEEN RICE FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	▶	60.00
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 20 OF 349
	<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. NANCY RUDIN
Full Name (Last, First, Middle Initial)

Mailing Address 575 GLENBROOK DRIVE

City	State	Zip Code
PALO ALTO	CA	94306

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

Name of Employer	Occupation
NONE	NOT EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2016

Transaction ID : INCA4879

Amount of Each Receipt this Period
 20.00

Memo Item
 ERMK: MALONEY FOR CONGRESS

B. YOLANDA BRUNO
Full Name (Last, First, Middle Initial)

Mailing Address 11232 RIDERMARK ROW

City	State	Zip Code
COLUMBIA	MD	21044

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

Name of Employer	Occupation
RETIRED	NONE

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
 06 / 09 / 2016

Transaction ID : INCA4874

Amount of Each Receipt this Period
 10.00

Memo Item
 ERMK: MALONEY FOR CONGRESS

C. YOLANDA BRUNO
Full Name (Last, First, Middle Initial)

Mailing Address 11232 RIDERMARK ROW

City	State	Zip Code
COLUMBIA	MD	21044

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

Name of Employer	Occupation
RETIRED	NONE

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
 06 / 09 / 2016

Transaction ID : INCA5069

Amount of Each Receipt this Period
 10.00

Memo Item
 ERMK: JACKIE SPEIER FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....▶	40.00
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 21 OF 349
	<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. YOLANDA BRUNO
Full Name (Last, First, Middle Initial)

Mailing Address 11232 RIDERMARK ROW

City COLUMBIA	State MD	Zip Code 21044
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		09		2016

Transaction ID : INCA5073

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: BARBARA LEE FOR CONGRESS

B. YOLANDA BRUNO
Full Name (Last, First, Middle Initial)

Mailing Address 11232 RIDERMARK ROW

City COLUMBIA	State MD	Zip Code 21044
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		09		2016

Transaction ID : INCA4873

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: KAMALA HARRIS FOR SENATE

C. YOLANDA BRUNO
Full Name (Last, First, Middle Initial)

Mailing Address 11232 RIDERMARK ROW

City COLUMBIA	State MD	Zip Code 21044
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		09		2016

Transaction ID : INCA4872

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: KATHLEEN RICE FOR CONGRESS

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 349
	<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. DANA DEVON
Full Name (Last, First, Middle Initial)

Mailing Address 220 ST. GEORGES ROAD

City ARDMORE State PA Zip Code 19003

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

Name of Employer: WORLD AFFAIRS COUNCIL Occupation: EDUCATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 06 / 09 / 2016
Transaction ID : INCA5067

Amount of Each Receipt this Period: 50.00

Memo Item
ERMK: DEBORAH ROSS FOR SENATE

B. DANA DEVON
Full Name (Last, First, Middle Initial)

Mailing Address 220 ST. GEORGES ROAD

City ARDMORE State PA Zip Code 19003

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

Name of Employer: WORLD AFFAIRS COUNCIL Occupation: EDUCATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 06 / 09 / 2016
Transaction ID : INCA5068

Amount of Each Receipt this Period: 50.00

Memo Item
ERMK: KIRKPATRICK FOR SENATE

C. EILEEN BREWER
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 391655

City MOUNTAIN VIEW State CA Zip Code 94039

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

Name of Employer: SYMANTEC Occupation: DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt: 06 / 10 / 2016
Transaction ID : INCA5065

Amount of Each Receipt this Period: 50.00

Memo Item
ERMK: BARBARA LEE FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....▶ 150.00

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 23 OF 349
	<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. EILEEN BREWER
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 391655
 City MOUNTAIN VIEW State CA Zip Code 94039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SYMANTEC Occupation DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **150.00**

Date of Receipt **06 / 10 / 2016**
Transaction ID : INCA5066
 Amount of Each Receipt this Period **50.00**
 Memo Item

B. EILEEN BREWER
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 391655
 City MOUNTAIN VIEW State CA Zip Code 94039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SYMANTEC Occupation DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **150.00**

Date of Receipt **06 / 10 / 2016**
Transaction ID : INCA5064
 Amount of Each Receipt this Period **50.00**
 Memo Item
 ERMK: KAMALA HARRIS FOR SENATE

C. AMY RAO
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 SEALE AVE,
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IAS Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **18900.00**

Date of Receipt **06 / 10 / 2016**
Transaction ID : INCA5062
 Amount of Each Receipt this Period **2700.00**
 Memo Item
 ERMK: DEBORAH ROSS FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	2800.00
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 24 OF 349
	<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. AMY RAO
Full Name (Last, First, Middle Initial)

Mailing Address 228 SEALE AVE,
City PALO ALTO State CA Zip Code 94301

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

Name of Employer IAS Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18900.00

Date of Receipt
06 / 10 / 2016
Transaction ID : INCA5061

Amount of Each Receipt this Period
2700.00

Memo Item
ERMK: MAGGIE FOR NH

B. AMY RAO
Full Name (Last, First, Middle Initial)

Mailing Address 228 SEALE AVE,
City PALO ALTO State CA Zip Code 94301

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

Name of Employer IAS Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18900.00

Date of Receipt
06 / 10 / 2016
Transaction ID : INCA5063

Amount of Each Receipt this Period
2700.00

Memo Item
ERMK: CATHERINE CORTEZ MASTO FOR SENATE

C. DONNA NORTON
Full Name (Last, First, Middle Initial)

Mailing Address 939 COTTRELL WAY
City STANFORD State CA Zip Code 94305

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

Name of Employer MOMSRISING Occupation DEPUTY EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 14 / 2016
Transaction ID : INCA5060

Amount of Each Receipt this Period
500.00

Memo Item
ERMK: TAMMY FOR ILLINOIS

SUBTOTAL of Receipts This Page (optional).....▶	5900.00
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 25 OF 349
	<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. 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
G3 STRATEGY, LLC	CONSULTANT/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2016
Transaction ID : INCA5059

Amount of Each Receipt this Period
 15.00

Memo Item
 ERMK: ROBIN KELLY FOR CONGRESS

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
G3 STRATEGY, LLC	CONSULTANT/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2016
Transaction ID : INCA5054

Amount of Each Receipt this Period
 15.00

Memo Item
 ERMK: JACKIE SPEIER FOR CONGRESS

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
G3 STRATEGY, LLC	CONSULTANT/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2016
Transaction ID : INCA5055

Amount of Each Receipt this Period
 15.00

Memo Item
 ERMK: MALONEY FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	45.00
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 26 OF 349
	<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. 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 G3 STRATEGY, LLC Occupation CONSULTANT/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 06 / 15 / 2016
Transaction ID : INCA5057
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: DEBBIE DINGELL FOR CONGRESS

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 G3 STRATEGY, LLC Occupation CONSULTANT/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 06 / 15 / 2016
Transaction ID : INCA5056
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: KATHLEEN RICE FOR CONGRESS

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 G3 STRATEGY, LLC Occupation CONSULTANT/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 06 / 15 / 2016
Transaction ID : INCA5058
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: PEOPLE FOR PATTY MURRAY

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 27 OF 349
	<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. 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 G3 STRATEGY, LLC Occupation CONSULTANT/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt 06 / 15 / 2016
Transaction ID : INCA5053

Amount of Each Receipt this Period 15.00

Memo Item
ERMK: FRIENDS OF ELIZABETH ESTY

B. JULIE INGLEMAN
Full Name (Last, First, Middle Initial)

Mailing Address 8515 NOTTINGHAM ROAD

City NISSWA State MN Zip Code 56468

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation DESIGNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 35.00

Date of Receipt 06 / 15 / 2016
Transaction ID : INCA5051

Amount of Each Receipt this Period 5.00

Memo Item
ERMK: PEOPLE FOR PATTY MURRAY

C. JULIE INGLEMAN
Full Name (Last, First, Middle Initial)

Mailing Address 8515 NOTTINGHAM ROAD

City NISSWA State MN Zip Code 56468

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation DESIGNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 35.00

Date of Receipt 06 / 15 / 2016
Transaction ID : INCA5052

Amount of Each Receipt this Period 5.00

Memo Item
ERMK: ROBIN KELLY FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....▶	25.00
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 28 OF 349
	<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. JULIE INGLEMAN
Full Name (Last, First, Middle Initial)

Mailing Address 8515 NOTTINGHAM ROAD

City NISSWA	State MN	Zip Code 56468
----------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED, SAME NAME	Occupation DESIGNER
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2016

Transaction ID : INCA5047

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: JACKIE SPEIER FOR CONGRESS

B. JULIE INGLEMAN
Full Name (Last, First, Middle Initial)

Mailing Address 8515 NOTTINGHAM ROAD

City NISSWA	State MN	Zip Code 56468
----------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED, SAME NAME	Occupation DESIGNER
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2016

Transaction ID : INCA5049

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATHLEEN RICE FOR CONGRESS

C. JULIE INGLEMAN
Full Name (Last, First, Middle Initial)

Mailing Address 8515 NOTTINGHAM ROAD

City NISSWA	State MN	Zip Code 56468
----------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED, SAME NAME	Occupation DESIGNER
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2016

Transaction ID : INCA5048

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: MALONEY FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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 29 OF 349
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. JULIE INGLEMAN
Full Name (Last, First, Middle Initial)

Mailing Address 8515 NOTTINGHAM ROAD

City NISSWA State MN Zip Code 56468

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation DESIGNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **35.00**

Date of Receipt **06 / 15 / 2016**

Transaction ID : INCA5050

Amount of Each Receipt this Period **5.00**

Memo Item
ERMK: DEBBIE DINGELL FOR CONGRESS

B. JULIE INGLEMAN
Full Name (Last, First, Middle Initial)

Mailing Address 8515 NOTTINGHAM ROAD

City NISSWA State MN Zip Code 56468

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation DESIGNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **35.00**

Date of Receipt **06 / 15 / 2016**

Transaction ID : INCA5046

Amount of Each Receipt this Period **5.00**

Memo Item
ERMK: FRIENDS OF ELIZABETH ESTY

C. KARITA MATTILA
Full Name (Last, First, Middle Initial)

Mailing Address 4851 CERROMAR DRIVE

City NAPLES State FL Zip Code 34112

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation OPERA SINGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **06 / 15 / 2016**

Transaction ID : INCA5043

Amount of Each Receipt this Period **5.00**

Memo Item
ERMK: MALONEY FOR CONGRESS

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

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 30 OF 349
	<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. KARITA MATTILA
Full Name (Last, First, Middle Initial)

Mailing Address 4851 CERROMAR DRIVE

City NAPLES State FL Zip Code 34112

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation OPERA SINGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 15 / 2016
Transaction ID : INCA5044

Amount of Each Receipt this Period 5.00

Memo Item

B. KARITA MATTILA
Full Name (Last, First, Middle Initial)

Mailing Address 4851 CERROMAR DRIVE

City NAPLES State FL Zip Code 34112

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation OPERA SINGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 15 / 2016
Transaction ID : INCA5045

Amount of Each Receipt this Period 5.00

Memo Item
ERMK: HILLARY FOR AMERICA

C. PAULA CELLINI
Full Name (Last, First, Middle Initial)

Mailing Address 1339 W NORTH AVE

City PITTSBURGH State PA Zip Code 15233

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

Name of Employer WESLEY SPECTRUM Occupation THERAPIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 35.00

Date of Receipt 06 / 16 / 2016
Transaction ID : INCA5039

Amount of Each Receipt this Period 5.00

Memo Item
ERMK: KATHLEEN RICE FOR CONGRESS

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

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 31 OF 349
	<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. PAULA CELLINI
Full Name (Last, First, Middle Initial)
Mailing Address 1339 W NORTH AVE

City PITTSBURGH	State PA	Zip Code 15233
--------------------	-------------	-------------------

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

Name of Employer WESLEY SPECTRUM	Occupation THERAPIST
-------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2016

Transaction ID : INCA5040

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: DEBBIE DINGELL FOR CONGRESS

B. PAULA CELLINI
Full Name (Last, First, Middle Initial)
Mailing Address 1339 W NORTH AVE

City PITTSBURGH	State PA	Zip Code 15233
--------------------	-------------	-------------------

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

Name of Employer WESLEY SPECTRUM	Occupation THERAPIST
-------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2016

Transaction ID : INCA5041

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: PEOPLE FOR PATTY MURRAY

C. PAULA CELLINI
Full Name (Last, First, Middle Initial)
Mailing Address 1339 W NORTH AVE

City PITTSBURGH	State PA	Zip Code 15233
--------------------	-------------	-------------------

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

Name of Employer WESLEY SPECTRUM	Occupation THERAPIST
-------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2016

Transaction ID : INCA5042

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ROBIN KELLY FOR CONGRESS

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

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

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

FOR LINE NUMBER: PAGE 32 OF 349
(check only one)

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

Full Name (Last, First, Middle Initial)
A. PAULA CELLINI

Mailing Address 1339 W NORTH AVE

City PITTSBURGH	State PA	Zip Code 15233
--------------------	-------------	-------------------

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

Name of Employer WESLEY SPECTRUM	Occupation THERAPIST
-------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : INCA5036

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF ELIZABETH ESTY

Full Name (Last, First, Middle Initial)
B. PAULA CELLINI

Mailing Address 1339 W NORTH AVE

City PITTSBURGH	State PA	Zip Code 15233
--------------------	-------------	-------------------

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

Name of Employer WESLEY SPECTRUM	Occupation THERAPIST
-------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : INCA5037

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: JACKIE SPEIER FOR CONGRESS

Full Name (Last, First, Middle Initial)
C. PAULA CELLINI

Mailing Address 1339 W NORTH AVE

City PITTSBURGH	State PA	Zip Code 15233
--------------------	-------------	-------------------

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

Name of Employer WESLEY SPECTRUM	Occupation THERAPIST
-------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : INCA5038

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: MALONEY FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	15.00
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 33 OF 349
	<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. ANNE PRESCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1234 FREMONT AVE
 City LOS ALTOS State CA Zip Code 94024
 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
 06 / 16 / 2016
Transaction ID : INCA5032
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: FRIENDS OF ELIZABETH ESTY

B. ANNE PRESCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1234 FREMONT AVE
 City LOS ALTOS State CA Zip Code 94024
 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
 06 / 16 / 2016
Transaction ID : INCA5033
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: JACKIE SPEIER FOR CONGRESS

C. ANNE PRESCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1234 FREMONT AVE
 City LOS ALTOS State CA Zip Code 94024
 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
 06 / 16 / 2016
Transaction ID : INCA5034
 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).....	

**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 349
	<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. PAT SABOSIK
Full Name (Last, First, Middle Initial)

Mailing Address 1069 RIDGE ROAD

City HAMDEN State CT Zip Code 6517

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

Name of Employer ELM CITY CONSULTING LLC Occupation MANAGEMENT CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt 06 / 16 / 2016
Transaction ID : INCA5035

Amount of Each Receipt this Period 25.00

Memo Item
ERMK: FRIENDS OF ELIZABETH ESTY

B. BARBARA GRASSESCHI
Full Name (Last, First, Middle Initial)

Mailing Address 1083 VINE ST MB249

City HEALDSBURG State CA Zip Code 95448

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

Name of Employer PUMA SPRINGS VINEYARDS Occupation FARMER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 18 / 2016
Transaction ID : INCA5031

Amount of Each Receipt this Period 1000.00

Memo Item
ERMK: KIRKPATRICK FOR SENATE

C. JOYCE THIBODEAUX
Full Name (Last, First, Middle Initial)

Mailing Address 113 OAKDALE LOOP

City HOUMA State LA Zip Code 70360

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 ▼ 110.00

Date of Receipt 06 / 18 / 2016
Transaction ID : INCA5029

Amount of Each Receipt this Period 5.00

Memo Item
ERMK: ZEPHYR TEACHOUT FOR CONGRESS

SUBTOTAL of Receipts This Page (optional)..... ▶ 1030.00

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 35 OF 349
	<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. JOYCE THIBODEAUX
Full Name (Last, First, Middle Initial)

Mailing Address 113 OAKDALE LOOP

City HOUMA State LA Zip Code 70360

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 ▼
110.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2016

Transaction ID : INCA5030

Amount of Each Receipt this Period
5.00

Memo Item

B. JOYCE THIBODEAUX
Full Name (Last, First, Middle Initial)

Mailing Address 113 OAKDALE LOOP

City HOUMA State LA Zip Code 70360

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 ▼
110.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2016

Transaction ID : INCA5023

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: BARRAGAN FOR CONGRESS

C. JOYCE THIBODEAUX
Full Name (Last, First, Middle Initial)

Mailing Address 113 OAKDALE LOOP

City HOUMA State LA Zip Code 70360

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 ▼
110.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2016

Transaction ID : INCA5028

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: COLLEEN DEACON FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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 36 OF 349
	<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. JOYCE THIBODEAUX
Full Name (Last, First, Middle Initial)

Mailing Address 113 OAKDALE LOOP

City HOUMA State LA Zip Code 70360

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 ▼
110.00

Date of Receipt
06 / 18 / 2016
Transaction ID : INCA5026

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF ANNA THRONE-HOLST

B. JOYCE THIBODEAUX
Full Name (Last, First, Middle Initial)

Mailing Address 113 OAKDALE LOOP

City HOUMA State LA Zip Code 70360

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 ▼
110.00

Date of Receipt
06 / 18 / 2016
Transaction ID : INCA5027

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KAPLAN FOR CONGRESS

C. JOYCE THIBODEAUX
Full Name (Last, First, Middle Initial)

Mailing Address 113 OAKDALE LOOP

City HOUMA State LA Zip Code 70360

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 ▼
110.00

Date of Receipt
06 / 18 / 2016
Transaction ID : INCA5024

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: MONICA VERNON FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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 37 OF 349
	<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. JOYCE THIBODEAUX
Full Name (Last, First, Middle Initial)

Mailing Address 113 OAKDALE LOOP

City HOUMA State LA Zip Code 70360

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 ▼ 110.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2016

Transaction ID : INCA5025

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: ROSEN FOR NEVADA

B. CLAUDIA COLLIGNON-HARVATH
Full Name (Last, First, Middle Initial)

Mailing Address 5601 HAVENCREST CIRCLE

City STOCKTON State CA Zip Code 95219

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 ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2016

Transaction ID : INCA5016

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: FRIENDS OF ELIZABETH ESTY

C. CLAUDIA COLLIGNON-HARVATH
Full Name (Last, First, Middle Initial)

Mailing Address 5601 HAVENCREST CIRCLE

City STOCKTON State CA Zip Code 95219

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 ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2016

Transaction ID : INCA5017

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: JACKIE SPEIER FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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 38 OF 349
	<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. CLAUDIA COLLIGNON-HARVATH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5601 HAVENCREST CIRCLE
 City STOCKTON State CA Zip Code 95219
 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 ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2016
Transaction ID : INCA5022
 Amount of Each Receipt this Period
 5.00
 Memo Item

B. CLAUDIA COLLIGNON-HARVATH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5601 HAVENCREST CIRCLE
 City STOCKTON State CA Zip Code 95219
 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 ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2016
Transaction ID : INCA5020
 Amount of Each Receipt this Period
 5.00
 Memo Item
 ERMK: DEBBIE DINGELL FOR CONGRESS

C. CLAUDIA COLLIGNON-HARVATH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5601 HAVENCREST CIRCLE
 City STOCKTON State CA Zip Code 95219
 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 ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2016
Transaction ID : INCA5021
 Amount of Each Receipt this Period
 5.00
 Memo Item
 ERMK: ROBIN KELLY FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	15.00
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 39 OF 349
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. CLAUDIA COLLIGNON-HARVATH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5601 HAVENCREST CIRCLE
 City STOCKTON State CA Zip Code 95219
 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 ▼ 50.00

Date of Receipt 06 / 21 / 2016
Transaction ID : INCA5019
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHLEEN RICE FOR CONGRESS

B. CLAUDIA COLLIGNON-HARVATH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5601 HAVENCREST CIRCLE
 City STOCKTON State CA Zip Code 95219
 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 ▼ 50.00

Date of Receipt 06 / 21 / 2016
Transaction ID : INCA5018
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MALONEY FOR CONGRESS

C. COURTNEY MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1444 VALLEJO STREET APT 2
 City SAN FRANCISCO State CA Zip Code 94109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RODAN + FIELDS Occupation VICE PRESIDENT, STRATEGY & INSIGHTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3005.00

Date of Receipt 06 / 21 / 2016
Transaction ID : INCA5015
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: KIRKPATRICK FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	1010.00
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 40 OF 349
	<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. JULIA KHAN
Full Name (Last, First, Middle Initial)

Mailing Address 753 JORDAN AVENUE

City LOS ALTOS State CA Zip Code 94022

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

Name of Employer NONE Occupation STUDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

Date of Receipt
 06 / 22 / 2016
Transaction ID : INCA4992

Amount of Each Receipt this Period 5.00

Memo Item
 ERMK: TULSI FOR HAWAII

B. JULIA KHAN
Full Name (Last, First, Middle Initial)

Mailing Address 753 JORDAN AVENUE

City LOS ALTOS State CA Zip Code 94022

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

Name of Employer NONE Occupation STUDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

Date of Receipt
 06 / 22 / 2016
Transaction ID : INCA4991

Amount of Each Receipt this Period 5.00

Memo Item
 ERMK: KAMALA HARRIS FOR SENATE

C. KARITA MATTILA
Full Name (Last, First, Middle Initial)

Mailing Address 4851 CERROMAR DRIVE

City NAPLES State FL Zip Code 34112

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation OPERA SINGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 06 / 22 / 2016
Transaction ID : INCA4989

Amount of Each Receipt this Period 5.00

Memo Item
 ERMK: SCHAKOWSKY FOR CONGRESS

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

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 41 OF 349
	<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. KARITA MATTILA
Full Name (Last, First, Middle Initial)

Mailing Address 4851 CERROMAR DRIVE

City State Zip Code
NAPLES FL 34112

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

Name of Employer Occupation
SELF-EMPLOYED, SAME NAME OPERA SINGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
06 / 22 / 2016
Transaction ID : INCA4990

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATHERINE CLARK FOR CONGRESS

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

Mailing Address 7120 CORAL GABLES CIRCLE

City State Zip Code
SAN JOSE CA 95139

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

Name of Employer Occupation
GOOD SAMARITAN HOSPITAL REGISTERED NURSE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
15.00

Date of Receipt
06 / 22 / 2016
Transaction ID : INCA4988

Amount of Each Receipt this Period
15.00

Memo Item
ERMK: ANNA ESHOO FOR CONGRESS

C. JANE RUBIN
Full Name (Last, First, Middle Initial)

Mailing Address 14911 LEJUENE LN

City State Zip Code
TAMPA FL 33613

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

Name of Employer Occupation
NONE NOT EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
15.00

Date of Receipt
06 / 22 / 2016
Transaction ID : INCA4993

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: CASTOR FOR CONGRESS

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 349
	<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. JANE RUBIN
Full Name (Last, First, Middle Initial)

Mailing Address 14911 LEJUENE LN

City TAMPA State FL Zip Code 33613

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 ▼ **15.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : INCA4994

Amount of Each Receipt this Period
 5.00

Memo Item

B. DONNA SCHWARTZ MILLS
Full Name (Last, First, Middle Initial)

Mailing Address 12116 BRADFORD PL

City GRANADA HILLS State CA Zip Code 91344

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation WRITER

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
 06 / 22 / 2016

Transaction ID : INCA5009

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: KAPLAN FOR CONGRESS

C. DONNA SCHWARTZ MILLS
Full Name (Last, First, Middle Initial)

Mailing Address 12116 BRADFORD PL

City GRANADA HILLS State CA Zip Code 91344

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation WRITER

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
 06 / 22 / 2016

Transaction ID : INCA5007

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: TAMMY FOR ILLINOIS

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

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 43 OF 349
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. DONNA SCHWARTZ MILLS
Full Name (Last, First, Middle Initial)
Mailing Address 12116 BRADFORD PL

City GRANADA HILLS	State CA	Zip Code 91344
-----------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED, SAME NAME	Occupation WRITER
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

Transaction ID : INCA5008

Amount of Each Receipt this Period

5.00

 Memo Item
 ERMK: FRIENDS OF ANNA THRONE-HOLST

B. DONNA SCHWARTZ MILLS
Full Name (Last, First, Middle Initial)
Mailing Address 12116 BRADFORD PL

City GRANADA HILLS	State CA	Zip Code 91344
-----------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED, SAME NAME	Occupation WRITER
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

Transaction ID : INCA5014

Amount of Each Receipt this Period

5.00

 Memo Item
 ERMK: HILLARY FOR AMERICA

C. DONNA SCHWARTZ MILLS
Full Name (Last, First, Middle Initial)
Mailing Address 12116 BRADFORD PL

City GRANADA HILLS	State CA	Zip Code 91344
-----------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED, SAME NAME	Occupation WRITER
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

Transaction ID : INCA5013

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).....▶	

**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 44 OF 349
	<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. DONNA SCHWARTZ MILLS
Full Name (Last, First, Middle Initial)
Mailing Address 12116 BRADFORD PL

City GRANADA HILLS	State CA	Zip Code 91344
-----------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED, SAME NAME	Occupation WRITER
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **45.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : INCA5012

Amount of Each Receipt this Period

5.00

 Memo Item
 ERMK: TADDEO FOR CONGRESS

B. DONNA SCHWARTZ MILLS
Full Name (Last, First, Middle Initial)
Mailing Address 12116 BRADFORD PL

City GRANADA HILLS	State CA	Zip Code 91344
-----------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED, SAME NAME	Occupation WRITER
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **45.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : INCA5006

Amount of Each Receipt this Period

5.00

 Memo Item
 ERMK: PRAMILA FOR CONGRESS

C. DONNA SCHWARTZ MILLS
Full Name (Last, First, Middle Initial)
Mailing Address 12116 BRADFORD PL

City GRANADA HILLS	State CA	Zip Code 91344
-----------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED, SAME NAME	Occupation WRITER
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **45.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : INCA5011

Amount of Each Receipt this Period

5.00

 Memo Item
 ERMK: ANGIE CRAIG FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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 45 OF 349
	<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. DONNA SCHWARTZ MILLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 12116 BRADFORD PL
 City GRANADA HILLS State CA Zip Code 91344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, SAME NAME Occupation WRITER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **45.00**

Date of Receipt **06 / 22 / 2016**
Transaction ID : INCA5010
 Amount of Each Receipt this Period **5.00**
 Memo Item
 ERMK: COLLEEN DEACON FOR CONGRESS

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 **165.00**

Date of Receipt **06 / 22 / 2016**
Transaction ID : INCA5005
 Amount of Each Receipt this Period **5.00**
 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 **165.00**

Date of Receipt **06 / 22 / 2016**
Transaction ID : INCA4996
 Amount of Each Receipt this Period **10.00**
 Memo Item
 ERMK: KATHERINE CLARK FOR CONGRESS

SUBTOTAL of Receipts This Page (optional)..... **20.00**
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 46 OF 349
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

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 ▼
165.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016
Transaction ID : INCA4997

Amount of Each Receipt this Period
 10.00

Memo Item
 ERMK: ANNA ESHOO FOR CONGRESS

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

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 ▼
165.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016
Transaction ID : INCA4998

Amount of Each Receipt this Period
 10.00

Memo Item
 ERMK: FRIENDS OF ROSA DELAURO

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

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 ▼
165.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016
Transaction ID : INCA5003

Amount of Each Receipt this Period
 10.00

Memo Item
 ERMK: CASTOR FOR CONGRESS

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 349
	<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

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

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 ▼
165.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : INCA4999

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: BONNIE WATSON COLEMAN FOR CONGRESS

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

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 ▼
165.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : INCA5001

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: CLARKE FOR CONGRESS

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

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 ▼
165.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : INCA5002

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: SCHAKOWSKY FOR CONGRESS

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 349
	<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

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

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 ▼
165.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : INCA5000

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: BEATTY FOR CONGRESS

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

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 ▼
165.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : INCA5004

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: HILLARY FOR AMERICA

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

Mailing Address 200 EDGEWOOD AVENUE

City MILL VALLEY	State CA	Zip Code 94941
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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 ▼
165.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : INCA4995

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: LEE, SHEILA JACKSON

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 349
	<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 CARLTON
Full Name (Last, First, Middle Initial)

Mailing Address 500 RODEO RD APT 1121

City SANTA FE	State NM	Zip Code 87505
------------------	-------------	-------------------

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 ▼
55.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : INCA5340

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: CLARKE FOR CONGRESS

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

Mailing Address 500 RODEO RD APT 1121

City SANTA FE	State NM	Zip Code 87505
------------------	-------------	-------------------

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 ▼
55.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : INCA5344

Amount of Each Receipt this Period
5.00

Memo Item

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

Mailing Address 500 RODEO RD APT 1121

City SANTA FE	State NM	Zip Code 87505
------------------	-------------	-------------------

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 ▼
55.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : INCA5343

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: HILLARY FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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 50 OF 349
	<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 CARLTON
Full Name (Last, First, Middle Initial)

Mailing Address 500 RODEO RD APT 1121

City SANTA FE	State NM	Zip Code 87505
------------------	-------------	-------------------

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 ▼
55.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : INCA5341

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: SCHAKOWSKY FOR CONGRESS

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

Mailing Address 500 RODEO RD APT 1121

City SANTA FE	State NM	Zip Code 87505
------------------	-------------	-------------------

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 ▼
55.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : INCA5334

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: LEE, SHEILA JACKSON

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

Mailing Address 500 RODEO RD APT 1121

City SANTA FE	State NM	Zip Code 87505
------------------	-------------	-------------------

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 ▼
55.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : INCA5335

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATHERINE CLARK FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	▶	15.00
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 51 OF 349
	<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 CARLTON
Full Name (Last, First, Middle Initial)

Mailing Address 500 RODEO RD APT 1121

City SANTA FE	State NM	Zip Code 87505
------------------	-------------	-------------------

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 ▼
55.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2016

Transaction ID : INCA5339

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: BEATTY FOR CONGRESS

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

Mailing Address 500 RODEO RD APT 1121

City SANTA FE	State NM	Zip Code 87505
------------------	-------------	-------------------

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 ▼
55.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2016

Transaction ID : INCA5337

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF ROSA DELAURO

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

Mailing Address 500 RODEO RD APT 1121

City SANTA FE	State NM	Zip Code 87505
------------------	-------------	-------------------

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 ▼
55.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2016

Transaction ID : INCA5342

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: CASTOR FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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 52 OF 349
	<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 CARLTON
Full Name (Last, First, Middle Initial)

Mailing Address 500 RODEO RD APT 1121

City SANTA FE	State NM	Zip Code 87505
------------------	-------------	-------------------

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 ▼
55.00

Date of Receipt
06 / 23 / 2016

Transaction ID : INCA5338

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: BONNIE WATSON COLEMAN FOR CONGRESS

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

Mailing Address 500 RODEO RD APT 1121

City SANTA FE	State NM	Zip Code 87505
------------------	-------------	-------------------

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 ▼
55.00

Date of Receipt
06 / 23 / 2016

Transaction ID : INCA5336

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ANNA ESHOO FOR CONGRESS

C. BETSY COTTON
Full Name (Last, First, Middle Initial)

Mailing Address 65 EVERGREEN LANE

City BERKELEY	State CA	Zip Code 94705
------------------	-------------	-------------------

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

Name of Employer CLOSE THE GAP CA	Occupation DIRECTOR
--------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1005.00

Date of Receipt
06 / 23 / 2016

Transaction ID : INCA5324

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).....▶	

**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 53 OF 349
	<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. BETSY COTTON
Full Name (Last, First, Middle Initial)

Mailing Address 65 EVERGREEN LANE

City BERKELEY State CA Zip Code 94705

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

Name of Employer CLOSE THE GAP CA Occupation DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1005.00

Date of Receipt 06 / 23 / 2016
Transaction ID : **INCA5323**

Amount of Each Receipt this Period 1000.00

Memo Item
ERMK: KIRKPATRICK FOR SENATE

B. LAURA HELFMAN
Full Name (Last, First, Middle Initial)

Mailing Address 297 SUNSET VISTA

City COALMONT State TN Zip Code 37313

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt 06 / 23 / 2016
Transaction ID : **INCA5355**

Amount of Each Receipt this Period 25.00

Memo Item
ERMK: SCHAKOWSKY FOR CONGRESS

C. LAURA HELFMAN
Full Name (Last, First, Middle Initial)

Mailing Address 297 SUNSET VISTA

City COALMONT State TN Zip Code 37313

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt 06 / 23 / 2016
Transaction ID : **INCA5356**

Amount of Each Receipt this Period 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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 54 OF 349
	<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

Full Name (Last, First, Middle Initial)
A. LAURA HELFMAN

Mailing Address 297 SUNSET VISTA

City State Zip Code
COALMONT TN 37313

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

Name of Employer Occupation
SELF-EMPLOYED, SAME NAME PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **75.00**

Date of Receipt
06 / 23 / 2016

Transaction ID : INCA5354

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: CASTOR FOR CONGRESS

Full Name (Last, First, Middle Initial)
B. CAROL MUKHOPADHYAY

Mailing Address 30 WESTPOINT PLACE

City State Zip Code
SAN MATEO CA 94402

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

Name of Employer Occupation
SELF-EMPLOYED, RETIRED ANTHROPOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **45.00**

Date of Receipt
06 / 23 / 2016

Transaction ID : INCA5328

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial)
C. CAROL MUKHOPADHYAY

Mailing Address 30 WESTPOINT PLACE

City State Zip Code
SAN MATEO CA 94402

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

Name of Employer Occupation
SELF-EMPLOYED, RETIRED ANTHROPOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **45.00**

Date of Receipt
06 / 23 / 2016

Transaction ID : INCA5333

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: CASTOR FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....▶	35.00
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 55 OF 349
	<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. CAROL MUKHOPADHYAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 WESTPOINT PLACE
 City SAN MATEO State CA Zip Code 94402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, RETIRED Occupation ANTHROPOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 06 / 23 / 2016
Transaction ID : INCA5331
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CLARKE FOR CONGRESS

B. CAROL MUKHOPADHYAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 WESTPOINT PLACE
 City SAN MATEO State CA Zip Code 94402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, RETIRED Occupation ANTHROPOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 06 / 23 / 2016
Transaction ID : INCA5332
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: SCHAKOWSKY FOR CONGRESS

C. CAROL MUKHOPADHYAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 WESTPOINT PLACE
 City SAN MATEO State CA Zip Code 94402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, RETIRED Occupation ANTHROPOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 06 / 23 / 2016
Transaction ID : INCA5329
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: BONNIE WATSON COLEMAN FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	15.00
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 56 OF 349
<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. CAROL MUKHOPADHYAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 WESTPOINT PLACE
 City SAN MATEO State CA Zip Code 94402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, RETIRED Occupation ANTHROPOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **45.00**

Date of Receipt **06 / 23 / 2016**
Transaction ID : INCA5330
 Amount of Each Receipt this Period **5.00**
 Memo Item
 ERMK: BEATTY FOR CONGRESS

B. CAROL MUKHOPADHYAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 WESTPOINT PLACE
 City SAN MATEO State CA Zip Code 94402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, RETIRED Occupation ANTHROPOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **45.00**

Date of Receipt **06 / 23 / 2016**
Transaction ID : INCA5327
 Amount of Each Receipt this Period **5.00**
 Memo Item
 ERMK: ANNA ESHOO FOR CONGRESS

C. CAROL MUKHOPADHYAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 WESTPOINT PLACE
 City SAN MATEO State CA Zip Code 94402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, RETIRED Occupation ANTHROPOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **45.00**

Date of Receipt **06 / 23 / 2016**
Transaction ID : INCA5325
 Amount of Each Receipt this Period **5.00**
 Memo Item
 ERMK: LEE, SHEILA JACKSON

SUBTOTAL of Receipts This Page (optional).....	15.00
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 57 OF 349
	<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. CAROL MUKHOPADHYAY
Full Name (Last, First, Middle Initial)
Mailing Address 30 WESTPOINT PLACE
City SAN MATEO State CA Zip Code 94402
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED, RETIRED Occupation ANTHROPOLOGIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 45.00

Date of Receipt 06 / 23 / 2016
Transaction ID : INCA5326
Amount of Each Receipt this Period 5.00
 Memo Item
ERMK: KATHERINE CLARK FOR CONGRESS

B. BARBARA WILSON
Full Name (Last, First, Middle Initial)
Mailing Address 27305 W. PONTIAC DR.
City BUCKEYE State AZ Zip Code 85396
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 ▼ 90.00

Date of Receipt 06 / 23 / 2016
Transaction ID : INCA5350
Amount of Each Receipt this Period 10.00
 Memo Item
ERMK: BEATTY FOR CONGRESS

C. BARBARA WILSON
Full Name (Last, First, Middle Initial)
Mailing Address 27305 W. PONTIAC DR.
City BUCKEYE State AZ Zip Code 85396
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 ▼ 90.00

Date of Receipt 06 / 23 / 2016
Transaction ID : INCA5349
Amount of Each Receipt this Period 10.00
 Memo Item
ERMK: BONNIE WATSON COLEMAN FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....▶ 25.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 349
	(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. BARBARA WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 27305 W. PONTIAC DR.

City BUCKEYE State AZ Zip Code 85396

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 ▼ 90.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : INCA5351

Amount of Each Receipt this Period
 10.00

Memo Item
 ERMK: CLARKE FOR CONGRESS

B. BARBARA WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 27305 W. PONTIAC DR.

City BUCKEYE State AZ Zip Code 85396

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 ▼ 90.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : INCA5352

Amount of Each Receipt this Period
 10.00

Memo Item
 ERMK: SCHAKOWSKY FOR CONGRESS

C. BARBARA WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 27305 W. PONTIAC DR.

City BUCKEYE State AZ Zip Code 85396

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 ▼ 90.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : INCA5353

Amount of Each Receipt this Period
 10.00

Memo Item
 ERMK: CASTOR FOR CONGRESS

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 349
	(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. BARBARA WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 27305 W. PONTIAC DR.

City BUCKEYE State AZ Zip Code 85396

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 ▼ 90.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : INCA5346

Amount of Each Receipt this Period
 10.00

Memo Item
 ERMK: KATHERINE CLARK FOR CONGRESS

B. BARBARA WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 27305 W. PONTIAC DR.

City BUCKEYE State AZ Zip Code 85396

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 ▼ 90.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : INCA5345

Amount of Each Receipt this Period
 10.00

Memo Item
 ERMK: LEE, SHEILA JACKSON

C. BARBARA WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 27305 W. PONTIAC DR.

City BUCKEYE State AZ Zip Code 85396

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 ▼ 90.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : INCA5347

Amount of Each Receipt this Period
 10.00

Memo Item
 ERMK: ANNA ESHOO FOR CONGRESS

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 349
	<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. BARBARA WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 27305 W. PONTIAC DR.

City BUCKEYE State AZ Zip Code 85396

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 ▼ 90.00

Date of Receipt 06 / 23 / 2016
Transaction ID : INCA5348

Amount of Each Receipt this Period 10.00

Memo Item
ERMK: FRIENDS OF ROSA DELAURO

B. SUZI ALEXANDER
Full Name (Last, First, Middle Initial)

Mailing Address 461 2ND STREET T660

City SAN FRANCISCO State CA Zip Code 94107

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

Name of Employer ROBBINS GELLER Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 24 / 2016
Transaction ID : INCA5322

Amount of Each Receipt this Period 1000.00

Memo Item
ERMK: KIRKPATRICK FOR SENATE

C. HEATHER BECHARD
Full Name (Last, First, Middle Initial)

Mailing Address P O BOX 171701

City ARLINGTON State TX Zip Code 76003

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

Name of Employer KROGER Occupation CLERK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30.00

Date of Receipt 06 / 29 / 2016
Transaction ID : INCA5291

Amount of Each Receipt this Period 5.00

Memo Item
ERMK: KIRKPATRICK FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 1015.00

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 61 OF 349
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HEATHER BECHARD
Full Name (Last, First, Middle Initial)
Mailing Address P O BOX 171701

City ARLINGTON	State TX	Zip Code 76003
FEC ID number of contributing federal political committee. C		
Name of Employer KROGER	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00	

Date of Receipt
06 / 29 / 2016
Transaction ID : INCA5295

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: DEBORAH ROSS FOR SENATE

B. HEATHER BECHARD
Full Name (Last, First, Middle Initial)
Mailing Address P O BOX 171701

City ARLINGTON	State TX	Zip Code 76003
FEC ID number of contributing federal political committee. C		
Name of Employer KROGER	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00	

Date of Receipt
06 / 29 / 2016
Transaction ID : INCA5293

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATIE MCGINTY FOR SENATE

C. HEATHER BECHARD
Full Name (Last, First, Middle Initial)
Mailing Address P O BOX 171701

City ARLINGTON	State TX	Zip Code 76003
FEC ID number of contributing federal political committee. C		
Name of Employer KROGER	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00	

Date of Receipt
06 / 29 / 2016
Transaction ID : INCA5294

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: MAGGIE FOR NH

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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 62 OF 349
	<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. HEATHER BECHARD
 Full Name (Last, First, Middle Initial)
 Mailing Address P O BOX 171701
 City ARLINGTON State TX Zip Code 76003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KROGER Occupation CLERK
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **30.00**

Date of Receipt **06 / 29 / 2016**
Transaction ID : INCA5292
 Amount of Each Receipt this Period **5.00**
 Memo Item
 ERMK: TAMMY FOR ILLINOIS

B. HEATHER BECHARD
 Full Name (Last, First, Middle Initial)
 Mailing Address P O BOX 171701
 City ARLINGTON State TX Zip Code 76003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KROGER Occupation CLERK
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **30.00**

Date of Receipt **06 / 29 / 2016**
Transaction ID : INCA5296
 Amount of Each Receipt this Period **5.00**
 Memo Item
 ERMK: PATTY JUDGE FOR IOWA

C. JEANNE SANBURY BELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2034 RIVERDALE ST., APT # 204,
 City WEST SPRINGFIELD State MA Zip Code 01089-1021
 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 **5.00**

Date of Receipt **06 / 29 / 2016**
Transaction ID : INCA5272
 Amount of Each Receipt this Period **5.00**
 Memo Item
 ERMK: MAGGIE FOR NH

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 349
	(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. CATHERINE FLYNN

Mailing Address 108 SCHOOLD ROAD

City State Zip Code
WILMINGTON DE 19803

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 ▼
50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : INCA5303

Amount of Each Receipt this Period
50.00

Memo Item

Full Name (Last, First, Middle Initial)
B. JOANNE GURICK

Mailing Address 849 MONMOUTH ST.

City State Zip Code
GLOUCESTER NJ 8030

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

Name of Employer Occupation
CAMDEN COUNTY IN NEW JERSEY CONFIDENTIAL AIDE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : INCA5273

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KIRKPATRICK FOR SENATE

Full Name (Last, First, Middle Initial)
C. JOANNE GURICK

Mailing Address 849 MONMOUTH ST.

City State Zip Code
GLOUCESTER NJ 8030

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

Name of Employer Occupation
CAMDEN COUNTY IN NEW JERSEY CONFIDENTIAL AIDE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : INCA5274

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: TAMMY FOR ILLINOIS

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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 64 OF 349
	<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. JOANNE GURICK
Full Name (Last, First, Middle Initial)

Mailing Address 849 MONMOUTH ST.

City GLOUCESTER	State NJ	Zip Code 8030
--------------------	-------------	------------------

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

Name of Employer CAMDEN COUNTY IN NEW JERSEY	Occupation CONFIDENTIAL AIDE
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt
06 / 29 / 2016
Transaction ID : INCA5278

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: PATTY JUDGE FOR IOWA

B. JOANNE GURICK
Full Name (Last, First, Middle Initial)

Mailing Address 849 MONMOUTH ST.

City GLOUCESTER	State NJ	Zip Code 8030
--------------------	-------------	------------------

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

Name of Employer CAMDEN COUNTY IN NEW JERSEY	Occupation CONFIDENTIAL AIDE
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt
06 / 29 / 2016
Transaction ID : INCA5276

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: MAGGIE FOR NH

C. JOANNE GURICK
Full Name (Last, First, Middle Initial)

Mailing Address 849 MONMOUTH ST.

City GLOUCESTER	State NJ	Zip Code 8030
--------------------	-------------	------------------

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

Name of Employer CAMDEN COUNTY IN NEW JERSEY	Occupation CONFIDENTIAL AIDE
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt
06 / 29 / 2016
Transaction ID : INCA5277

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: DEBORAH ROSS FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	15.00
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 65 OF 349
	<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. JOANNE GURICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 849 MONMOUTH ST.
 City GLOUCESTER State NJ Zip Code 8030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAMDEN COUNTY IN NEW JERSEY Occupation CONFIDENTIAL AIDE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt 06 / 29 / 2016
Transaction ID : INCA5275
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATIE MCGINTY FOR SENATE

B. JODY KANIKULA
 Full Name (Last, First, Middle Initial)
 Mailing Address 439 ELIZABETH ST
 City BATAVIA State IL Zip Code 60510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer METROPOLITAN FAMILY SERVICES Occupation SOCIAL WORKER, LCSW
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 06 / 29 / 2016
Transaction ID : INCA5301
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: DEBORAH ROSS FOR SENATE

C. JODY KANIKULA
 Full Name (Last, First, Middle Initial)
 Mailing Address 439 ELIZABETH ST
 City BATAVIA State IL Zip Code 60510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer METROPOLITAN FAMILY SERVICES Occupation SOCIAL WORKER, LCSW
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 06 / 29 / 2016
Transaction ID : INCA5300
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: MAGGIE FOR NH

SUBTOTAL of Receipts This Page (optional).....	25.00
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 66 OF 349
<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. JODY KANIKULA
Full Name (Last, First, Middle Initial)

Mailing Address 439 ELIZABETH ST

City BATAVIA	State IL	Zip Code 60510
-----------------	-------------	-------------------

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

Name of Employer METROPOLITAN FAMILY SERVICES	Occupation SOCIAL WORKER, LCSW
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : INCA5299

Amount of Each Receipt this Period

10.00

Memo Item
ERMK: KATIE MCGINTY FOR SENATE

B. JODY KANIKULA
Full Name (Last, First, Middle Initial)

Mailing Address 439 ELIZABETH ST

City BATAVIA	State IL	Zip Code 60510
-----------------	-------------	-------------------

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

Name of Employer METROPOLITAN FAMILY SERVICES	Occupation SOCIAL WORKER, LCSW
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : INCA5298

Amount of Each Receipt this Period

10.00

Memo Item
ERMK: TAMMY FOR ILLINOIS

C. JODY KANIKULA
Full Name (Last, First, Middle Initial)

Mailing Address 439 ELIZABETH ST

City BATAVIA	State IL	Zip Code 60510
-----------------	-------------	-------------------

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

Name of Employer METROPOLITAN FAMILY SERVICES	Occupation SOCIAL WORKER, LCSW
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : INCA5302

Amount of Each Receipt this Period

10.00

Memo Item
ERMK: PATTY JUDGE FOR IOWA

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 OF 349
	(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. JODY KANIKULA
Full Name (Last, First, Middle Initial)

Mailing Address 439 ELIZABETH ST

City BATAVIA State IL Zip Code 60510

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

Name of Employer METROPOLITAN FAMILY SERVICES Occupation SOCIAL WORKER, LCSW

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
 06 / 29 / 2016

Transaction ID : INCA5297

Amount of Each Receipt this Period
 10.00

Memo Item
 ERMK: KIRKPATRICK FOR SENATE

B. MARIANNE KRANZ
Full Name (Last, First, Middle Initial)

Mailing Address 86 VAN WYK RD

City LAKE HIAWATHA State NJ Zip Code 7034

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

Name of Employer NONE Occupation RETIRED LIBRARIAN

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
 06 / 29 / 2016

Transaction ID : INCA5312

Amount of Each Receipt this Period
 10.00

Memo Item
 ERMK: KATIE MCGINTY FOR SENATE

C. MARIANNE KRANZ
Full Name (Last, First, Middle Initial)

Mailing Address 86 VAN WYK RD

City LAKE HIAWATHA State NJ Zip Code 7034

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

Name of Employer NONE Occupation RETIRED LIBRARIAN

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
 06 / 29 / 2016

Transaction ID : INCA5315

Amount of Each Receipt this Period
 10.00

Memo Item
 ERMK: PATTY JUDGE FOR IOWA

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 349
<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. MARIANNE KRANZ
Full Name (Last, First, Middle Initial)
Mailing Address 86 VAN WYK RD

City LAKE HIAWATHA	State NJ	Zip Code 7034
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation RETIRED LIBRARIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.00	

Date of Receipt
06 / 29 / 2016
Transaction ID : INCA5314

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: DEBORAH ROSS FOR SENATE

B. MARIANNE KRANZ
Full Name (Last, First, Middle Initial)
Mailing Address 86 VAN WYK RD

City LAKE HIAWATHA	State NJ	Zip Code 7034
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation RETIRED LIBRARIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.00	

Date of Receipt
06 / 29 / 2016
Transaction ID : INCA5313

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: MAGGIE FOR NH

C. MARIANNE KRANZ
Full Name (Last, First, Middle Initial)
Mailing Address 86 VAN WYK RD

City LAKE HIAWATHA	State NJ	Zip Code 7034
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation RETIRED LIBRARIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.00	

Date of Receipt
06 / 29 / 2016
Transaction ID : INCA5311

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: TAMMY FOR ILLINOIS

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 349
	<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. MARIANNE KRANZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 86 VAN WYK RD
 City LAKE HIAWATHA State NJ Zip Code 7034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED LIBRARIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 06 / 29 / 2016
Transaction ID : INCA5310
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KIRKPATRICK FOR SENATE

B. MELINDA OEHMSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 WEST RD
 City ELLINGTON State CT Zip Code 6029
 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 ▼ 30.00

Date of Receipt 06 / 29 / 2016
Transaction ID : INCA5281
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MAGGIE FOR NH

C. MELINDA OEHMSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 WEST RD
 City ELLINGTON State CT Zip Code 6029
 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 ▼ 30.00

Date of Receipt 06 / 29 / 2016
Transaction ID : INCA5280
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: TAMMY FOR ILLINOIS

SUBTOTAL of Receipts This Page (optional).....	20.00
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 70 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. MELINDA OEHMSEN

Mailing Address 24 WEST RD

City ELLINGTON State CT Zip Code 6029

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 ▼
30.00

Date of Receipt
06 / 29 / 2016

Transaction ID : INCA5279

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KIRKPATRICK FOR SENATE

Full Name (Last, First, Middle Initial)
B. MELINDA OEHMSEN

Mailing Address 24 WEST RD

City ELLINGTON State CT Zip Code 6029

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 ▼
30.00

Date of Receipt
06 / 29 / 2016

Transaction ID : INCA5284

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: PATTY JUDGE FOR IOWA

Full Name (Last, First, Middle Initial)
C. MELINDA OEHMSEN

Mailing Address 24 WEST RD

City ELLINGTON State CT Zip Code 6029

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 ▼
30.00

Date of Receipt
06 / 29 / 2016

Transaction ID : INCA5283

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: DEBORAH ROSS FOR SENATE

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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 71 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. MELINDA OEHMSEN

Mailing Address 24 WEST RD

City ELLINGTON State CT Zip Code 6029

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 ▼
30.00

Date of Receipt
06 / 29 / 2016
Transaction ID : INCA5282

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATIE MCGINTY FOR SENATE

Full Name (Last, First, Middle Initial)
B. THERESA RADER-WILSON

Mailing Address 8175 HENDERSON RIDGE DR

City MOORESVILLE State IN Zip Code 46158

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation PSYCHOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
06 / 29 / 2016
Transaction ID : INCA5306

Amount of Each Receipt this Period
20.00

Memo Item
ERMK: KATIE MCGINTY FOR SENATE

Full Name (Last, First, Middle Initial)
C. THERESA RADER-WILSON

Mailing Address 8175 HENDERSON RIDGE DR

City MOORESVILLE State IN Zip Code 46158

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

Name of Employer SELF-EMPLOYED, SAME NAME Occupation PSYCHOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
06 / 29 / 2016
Transaction ID : INCA5307

Amount of Each Receipt this Period
20.00

Memo Item
ERMK: TAMMY FOR ILLINOIS

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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 72 OF 349
	<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. THERESA RADER-WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 8175 HENDERSON RIDGE DR

City	State	Zip Code
MOORESVILLE	IN	46158

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

Name of Employer	Occupation
SELF-EMPLOYED, SAME NAME	PSYCHOLOGIST

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
06		29		2016

Transaction ID : INCA5304

Amount of Each Receipt this Period

20.00

 Memo Item
 ERMK: DEBORAH ROSS FOR SENATE

B. THERESA RADER-WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 8175 HENDERSON RIDGE DR

City	State	Zip Code
MOORESVILLE	IN	46158

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

Name of Employer	Occupation
SELF-EMPLOYED, SAME NAME	PSYCHOLOGIST

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
06		29		2016

Transaction ID : INCA5308

Amount of Each Receipt this Period

20.00

 Memo Item
 ERMK: KIRKPATRICK FOR SENATE

C. THERESA RADER-WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 8175 HENDERSON RIDGE DR

City	State	Zip Code
MOORESVILLE	IN	46158

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

Name of Employer	Occupation
SELF-EMPLOYED, SAME NAME	PSYCHOLOGIST

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
06		29		2016

Transaction ID : INCA5309

Amount of Each Receipt this Period

100.00

 Memo Item
 ERMK: HILLARY FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 73 OF 349
	<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. THERESA RADER-WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8175 HENDERSON RIDGE DR
 City MOORESVILLE State IN Zip Code 46158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED, SAME NAME Occupation PSYCHOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 200.00

Date of Receipt 06 / 29 / 2016
Transaction ID : INCA5305
 Amount of Each Receipt this Period 20.00
 Memo Item
 ERMK: MAGGIE FOR NH

B. THOMAS SHCHERBENKO
 Full Name (Last, First, Middle Initial)
 Mailing Address 169 WRIGHT ST
 City STATEN ISLAND State NY Zip Code 10304
 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 30.00

Date of Receipt 06 / 29 / 2016
Transaction ID : INCA5285
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KIRKPATRICK FOR SENATE

C. THOMAS SHCHERBENKO
 Full Name (Last, First, Middle Initial)
 Mailing Address 169 WRIGHT ST
 City STATEN ISLAND State NY Zip Code 10304
 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 30.00

Date of Receipt 06 / 29 / 2016
Transaction ID : INCA5288
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MAGGIE FOR NH

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 349
	<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. THOMAS SHCHERBENKO
 Full Name (Last, First, Middle Initial)
 Mailing Address 169 WRIGHT ST
 City STATEN ISLAND State NY Zip Code 10304
 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 ▼ 30.00

Date of Receipt 06 / 29 / 2016
Transaction ID : INCA5286
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: TAMMY FOR ILLINOIS

B. THOMAS SHCHERBENKO
 Full Name (Last, First, Middle Initial)
 Mailing Address 169 WRIGHT ST
 City STATEN ISLAND State NY Zip Code 10304
 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 ▼ 30.00

Date of Receipt 06 / 29 / 2016
Transaction ID : INCA5289
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: DEBORAH ROSS FOR SENATE

C. THOMAS SHCHERBENKO
 Full Name (Last, First, Middle Initial)
 Mailing Address 169 WRIGHT ST
 City STATEN ISLAND State NY Zip Code 10304
 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 ▼ 30.00

Date of Receipt 06 / 29 / 2016
Transaction ID : INCA5287
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATIE MCGINTY FOR SENATE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 349
	(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. THOMAS SHCHERBENKO
 Full Name (Last, First, Middle Initial)
 Mailing Address 169 WRIGHT ST
 City State Zip Code
 STATEN ISLAND NY 10304
 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 ▼
 30.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2016
Transaction ID : INCA5290
 Amount of Each Receipt this Period
 5.00
 Memo Item
 ERMK: PATTY JUDGE FOR IOWA

B. SOPHIA YEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 LOS NINOS WAY
 City State Zip Code
 LOS ALTOS CA 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PANDIAHEALTH PEDIATRICIAN
 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
 06 / 29 / 2016
Transaction ID : INCA5317
 Amount of Each Receipt this Period
 15.00
 Memo Item
 ERMK: TAMMY FOR ILLINOIS

C. SOPHIA YEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 LOS NINOS WAY
 City State Zip Code
 LOS ALTOS CA 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PANDIAHEALTH PEDIATRICIAN
 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
 06 / 29 / 2016
Transaction ID : INCA5318
 Amount of Each Receipt this Period
 15.00
 Memo Item
 ERMK: KATIE MCGINTY FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	35.00
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 76 OF 349
	<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. SOPHIA YEN
Full Name (Last, First, Middle Initial)

Mailing Address 411 LOS NINOS WAY

City	State	Zip Code
LOS ALTOS	CA	94022

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

Name of Employer	Occupation
PANDIAHEALTH	PEDIATRICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **90.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : INCA5319

Amount of Each Receipt this Period
15.00

Memo Item
 ERMK: MAGGIE FOR NH

B. SOPHIA YEN
Full Name (Last, First, Middle Initial)

Mailing Address 411 LOS NINOS WAY

City	State	Zip Code
LOS ALTOS	CA	94022

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

Name of Employer	Occupation
PANDIAHEALTH	PEDIATRICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **90.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : INCA5320

Amount of Each Receipt this Period
15.00

Memo Item
 ERMK: DEBORAH ROSS FOR SENATE

C. SOPHIA YEN
Full Name (Last, First, Middle Initial)

Mailing Address 411 LOS NINOS WAY

City	State	Zip Code
LOS ALTOS	CA	94022

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

Name of Employer	Occupation
PANDIAHEALTH	PEDIATRICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **90.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : INCA5321

Amount of Each Receipt this Period
15.00

Memo Item
 ERMK: PATTY JUDGE FOR IOWA

SUBTOTAL of Receipts This Page (optional).....	45.00
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 77 OF 349
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. SOPHIA YEN

Mailing Address 411 LOS NINOS WAY

City LOS ALTOS State CA Zip Code 94022

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

Name of Employer PANDIAHEALTH Occupation PEDIATRICIAN

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
06 / 29 / 2016

Transaction ID : INCA5316

Amount of Each Receipt this Period
15.00

Memo Item
 ERMK: KIRKPATRICK FOR SENATE

Full Name (Last, First, Middle Initial)
B. CRAIG AUSTER

Mailing Address 709 16TH ST NE

City WASHINGTON State DC Zip Code 20002-4513

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

Name of Employer LEAGUE OF CONSERVATION VOTERS Occupation PAC DIRECTOR

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
06 / 30 / 2016

Transaction ID : INCA5260

Amount of Each Receipt this Period
10.00

Memo Item
 ERMK: KIRKPATRICK FOR SENATE

Full Name (Last, First, Middle Initial)
C. TOD COHEN

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 STUBHUB Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5190.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : INCA5268

Amount of Each Receipt this Period
1000.00

Memo Item
 ERMK: DEBORAH ROSS FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	1025.00
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 78 OF 349
<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. 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 CFM	Occupation ACCOUNTANT
-------------------------	--------------------------

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
06	/	30	/	2016

Transaction ID : INCA5261

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KIRKPATRICK FOR SENATE

B. 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 CFM	Occupation ACCOUNTANT
-------------------------	--------------------------

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
06	/	30	/	2016

Transaction ID : INCA5267

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 CFM	Occupation ACCOUNTANT
-------------------------	--------------------------

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
06	/	30	/	2016

Transaction ID : INCA5262

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: TAMMY FOR ILLINOIS

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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 79 OF 349
	<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. 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 CFM Occupation ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 06 / 30 / 2016
Transaction ID : INCA5264
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MAGGIE FOR NH

B. 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 CFM Occupation ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 06 / 30 / 2016
Transaction ID : INCA5265
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: DEBORAH ROSS FOR SENATE

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 CFM Occupation ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 06 / 30 / 2016
Transaction ID : INCA5266
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: PATTY JUDGE FOR IOWA

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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 80 OF 349
	<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	<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 CFM Occupation ACCOUNTANT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **45.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : INCA5263
Amount of Each Receipt this Period **5.00**
 Memo Item
ERMK: KATIE MCGINTY FOR SENATE

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 **4740.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : INCA5270
Amount of Each Receipt this Period **1000.00**
 Memo Item
ERMK: DEBORAH ROSS FOR SENATE

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 **4740.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : INCA5269
Amount of Each Receipt this Period **1000.00**
 Memo Item
ERMK: KIRKPATRICK FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... **2005.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 81 OF 349
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. LOURNA YZAGUIRRE
 Full Name (Last, First, Middle Initial)
 Mailing Address 403 DUNWICK LANE PASADENA TX.
 City PASADENA State TX Zip Code 77502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOUSTON ISD Occupation TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5.00

Date of Receipt 06 / 30 / 2016
Transaction ID : INCA5271
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: TAMMY FOR ILLINOIS

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
 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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5.00
TOTAL This Period (last page this line number only).....▶	24905.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 82 OF 349
<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. BARRAGAN FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1840 SOUTH GAFFEY STREET #421
 City SAN PEDRO State CA Zip Code 90731
 FEC ID number of contributing federal political committee. **C** C00577353
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016
Transaction ID : INCA4772
 Amount of Each Receipt this Period 3.20
 Memo Item

B. COLLEEN DEACON FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 JULIAN PLACE#208
 City SYRACUSE State NY Zip Code 13210
 FEC ID number of contributing federal political committee. **C** C00588483
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016
Transaction ID : INCA4776
 Amount of Each Receipt this Period 3.20
 Memo Item

C. 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 ▼ 186.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016
Transaction ID : INCA4767
 Amount of Each Receipt this Period 40.40
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	46.80
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 83 OF 349
<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. FRIENDS OF ANNA THRONE-HOLST		Date of Receipt
Mailing Address PO BOX 6		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2016"/>
City	State	Zip Code
SOUTHAMPTON	NY	11969
FEC ID number of contributing federal political committee.	<input type="text" value="C00578401"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3.60"/>	
		Transaction ID : INCA4983
		Amount of Each Receipt this Period <input type="text" value="3.20"/>
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. HILLARY FOR AMERICA		Date of Receipt
Mailing Address P.O. BOX 5256		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2016"/>
City	State	Zip Code
NEW YORK	NY	10185
FEC ID number of contributing federal political committee.	<input type="text" value="C00575795"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="104.42"/>	
		Transaction ID : INCA4766
		Amount of Each Receipt this Period <input type="text" value="13.00"/>
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. KAPLAN FOR CONGRESS		Date of Receipt
Mailing Address PO BOX 597		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2016"/>
City	State	Zip Code
MANHASSET	NY	11030
FEC ID number of contributing federal political committee.	<input type="text" value="C00603142"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3.60"/>	
		Transaction ID : INCA4985
		Amount of Each Receipt this Period <input type="text" value="3.20"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="19.40"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 349
<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. 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 ▼ 718.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016
Transaction ID : INCA4769
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. 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 ▼ 235.76

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016
Transaction ID : INCA4770
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. MONICA VERNON FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1635
 City CEDAR RAPIDS State IA Zip Code 52406
 FEC ID number of contributing federal political committee. **C** C00571562
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016
Transaction ID : INCA4771
 Amount of Each Receipt this Period
 3.20
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	83.20
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 85 OF 349
<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. ROSEN FOR NEVADA
Full Name (Last, First, Middle Initial)
Mailing Address 1000 N. GREEN VALLEY PKWY #440-177

City HENDERSON	State NV	Zip Code 89074
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00606939

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : INCA4986

Amount of Each Receipt this Period
3.20

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 ▼
1045.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : INCA4768

Amount of Each Receipt this Period
112.00

Memo Item

C. ZEPHYR TEACHOUT FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 491

City ROSENDALE	State NY	Zip Code 12472
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00608174

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : INCA4984

Amount of Each Receipt this Period
3.40

Memo Item

SUBTOTAL of Receipts This Page (optional).....	118.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 349
<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. ANNA ESHOO FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 CAPITOL MALL, SUITE 1425
 City State Zip Code
 SACRAMENTO CA 95814
 FEC ID number of contributing federal political committee. **C** C00258475
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 219.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2016
Transaction ID : INCA4961
 Amount of Each Receipt this Period
 1.00
 Memo Item

B. BARBARA LEE FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 409 13TH STREET, 17TH FLOOR
 City State Zip Code
 OAKLAND CA 94612
 FEC ID number of contributing federal political committee. **C** C00331769
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2016
Transaction ID : INCA4959
 Amount of Each Receipt this Period
 1.40
 Memo Item

C. BARRAGAN FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1840 SOUTH GAFFEY STREET #421
 City State Zip Code
 SAN PEDRO CA 90731
 FEC ID number of contributing federal political committee. **C** C00577353
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 7.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2016
Transaction ID : INCA4955
 Amount of Each Receipt this Period
 0.20
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 349
<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. DEBBIE DINGELL FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 19855 W. OUTER DR. STE 103 AE
 City DEARBORN State MI Zip Code 48124
 FEC ID number of contributing federal political committee. **C** C00558213
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2016
Transaction ID : INCA4963
 Amount of Each Receipt this Period 0.20
 Memo Item

B. FRIENDS OF ELIZABETH ESTY
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 61
 City CHESHIRE State CT Zip Code 6410
 FEC ID number of contributing federal political committee. **C** C00494203
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2016
Transaction ID : INCA4962
 Amount of Each Receipt this Period 0.20
 Memo Item

C. 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 ▼ 104.42

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2016
Transaction ID : INCA4953
 Amount of Each Receipt this Period 1.60
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2.00
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 88 OF 349
<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. JACKIE SPEIER FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 112

City BURLINGAME	State CA	Zip Code 94011
FEC ID number of contributing federal political committee. C C00443705		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4.75	

Date of Receipt
MM / DD / YYYY
06 / 09 / 2016
Transaction ID : INCA4956

Amount of Each Receipt this Period
1.60

Memo Item

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

City LOS ANGELES	State CA	Zip Code 90017
FEC ID number of contributing federal political committee. C C00571919		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 621.54	

Date of Receipt
MM / DD / YYYY
06 / 09 / 2016
Transaction ID : INCA4960

Amount of Each Receipt this Period
2.20

Memo Item

C. 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 ▼ 3.95	

Date of Receipt
MM / DD / YYYY
06 / 09 / 2016
Transaction ID : INCA4957

Amount of Each Receipt this Period
1.60

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5.40
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 89 OF 349
<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. MALONEY FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address 49 EAST 92ND ST
City NEW YORK State NY Zip Code 10128
FEC ID number of contributing federal political committee. **C** C00273169
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4.95

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 09 / 2016
Transaction ID : INCA4958
Amount of Each Receipt this Period 2.40
 Memo Item

B. PEOPLE FOR PATTY MURRAY
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 3662
City SEATTLE State WA Zip Code 98124
FEC ID number of contributing federal political committee. **C** C00257642
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2.35

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 09 / 2016
Transaction ID : INCA4964
Amount of Each Receipt this Period 0.20
 Memo Item

C. ROBIN KELLY FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 6953
City CHICAGO State IL Zip Code 60680
FEC ID number of contributing federal political committee. **C** C00539866
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2.55

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 09 / 2016
Transaction ID : INCA4965
Amount of Each Receipt this Period 0.20
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2.80
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 90 OF 349
<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. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1045.55	

Date of Receipt
MM / DD / YYYY
06 / 09 / 2016
Transaction ID : INCA4954

Amount of Each Receipt this Period
269.00

Memo Item

B. BARBARA LEE FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address 409 13TH STREET, 17TH FLOOR

City OAKLAND	State CA	Zip Code 94612
FEC ID number of contributing federal political committee. C C00331769	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3.60	

Date of Receipt
MM / DD / YYYY
06 / 16 / 2016
Transaction ID : INCA5110

Amount of Each Receipt this Period
2.00

Memo Item

C. CATHERINE CORTEZ MASTO FOR SENATE
Full Name (Last, First, Middle Initial)
Mailing Address 8020 SOUTH RAINBOW BLVD. SUITE 100

City LAS VEGAS	State NV	Zip Code 89139
FEC ID number of contributing federal political committee. C C00575548	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 543.85	

Date of Receipt
MM / DD / YYYY
06 / 16 / 2016
Transaction ID : INCA5119

Amount of Each Receipt this Period
108.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	379.00
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 91 OF 349
<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. DEBBIE DINGELL FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 19855 W. OUTER DR. STE 103 AE
 City DEARBORN State MI Zip Code 48124
 FEC ID number of contributing federal political committee. **C** C00558213
 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
 06 / 16 / 2016
Transaction ID : INCA5113
 Amount of Each Receipt this Period
 0.80
 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 ▼ 186.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : INCA5118
 Amount of Each Receipt this Period
 110.00
 Memo Item

C. FRIENDS OF ELIZABETH ESTY
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 61
 City CHESHIRE State CT Zip Code 6410
 FEC ID number of contributing federal political committee. **C** C00494203
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : INCA5112
 Amount of Each Receipt this Period
 0.80
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	111.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 92 OF 349
<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 ▼ 104.42

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : INCA5105
 Amount of Each Receipt this Period 0.20
 Memo Item

B. JACKIE SPEIER FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 112
 City BURLINGAME State CA Zip Code 94011
 FEC ID number of contributing federal political committee. **C** C00443705
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : INCA5107
 Amount of Each Receipt this Period 0.80
 Memo Item

C. KAMALA HARRIS FOR SENATE
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 S FIGUEROA ST STE 4050
 City LOS ANGELES State CA Zip Code 90017
 FEC ID number of contributing federal political committee. **C** C00571919
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 621.54

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : INCA5111
 Amount of Each Receipt this Period 2.40
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3.40
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 93 OF 349
<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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3.95

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : INCA5108
 Amount of Each Receipt this Period 0.80
 Memo Item

B. 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 ▼ 718.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : INCA5116
 Amount of Each Receipt this Period 2.00
 Memo Item

C. 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 ▼ 235.76

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : INCA5117
 Amount of Each Receipt this Period 108.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	110.80
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 94 OF 349
<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. MALONEY FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address 49 EAST 92ND ST
City NEW YORK State NY Zip Code 10128
FEC ID number of contributing federal political committee. **C** C00273169
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4.95

Date of Receipt
06 / 16 / 2016
Transaction ID : INCA5109
Amount of Each Receipt this Period 1.00
 Memo Item

B. PEOPLE FOR PATTY MURRAY
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 3662
City SEATTLE State WA Zip Code 98124
FEC ID number of contributing federal political committee. **C** C00257642
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2.35

Date of Receipt
06 / 16 / 2016
Transaction ID : INCA5114
Amount of Each Receipt this Period 0.80
 Memo Item

C. ROBIN KELLY FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 6953
City CHICAGO State IL Zip Code 60680
FEC ID number of contributing federal political committee. **C** C00539866
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2.55

Date of Receipt
06 / 16 / 2016
Transaction ID : INCA5115
Amount of Each Receipt this Period 0.80
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 2.60
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 95 OF 349
<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. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1045.55	

Date of Receipt
06 / 16 / 2016
Transaction ID : INCA5106

Amount of Each Receipt this Period
20.00

Memo Item

B. ANGIE CRAIG FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 22116

City EAGAN	State MN	Zip Code 55122
FEC ID number of contributing federal political committee. C C00575209	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3.55	

Date of Receipt
06 / 23 / 2016
Transaction ID : INCA5099

Amount of Each Receipt this Period
0.20

Memo Item

C. ANNA ESHOO FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address 555 CAPITOL MALL, SUITE 1425

City SACRAMENTO	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C C00258475	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.60	

Date of Receipt
06 / 23 / 2016
Transaction ID : INCA5081

Amount of Each Receipt this Period
1.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	21.20
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 96 OF 349
<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. BARRAGAN FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1840 SOUTH GAFFEY STREET #421
 City SAN PEDRO State CA Zip Code 90731
 FEC ID number of contributing federal political committee. **C** C00577353
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7.10

Date of Receipt 06 / 23 / 2016
Transaction ID : INCA5076
 Amount of Each Receipt this Period 0.20
 Memo Item

B. BEATTY FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 172
 City COLUMBUS State OH Zip Code 43216
 FEC ID number of contributing federal political committee. **C** C00507368
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1.20

Date of Receipt 06 / 23 / 2016
Transaction ID : INCA5093
 Amount of Each Receipt this Period 0.40
 Memo Item

C. BONNIE WATSON COLEMAN FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 918 PENNSYLVANIA AVE SE
 City WASHINGTON, DC State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C** C00558437
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1.20

Date of Receipt 06 / 23 / 2016
Transaction ID : INCA5092
 Amount of Each Receipt this Period 0.40
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1.00
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 97 OF 349
<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. CASTOR FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address 301 W PLATT STREET, #385

City TAMPA	State FL	Zip Code 33606
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00410761

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 _____ 2.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : INCA5089

Amount of Each Receipt this Period
 _____ 0.80

Memo Item

B. CLARKE FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address 111-36 200TH. STREET

City HOLLIS	State NY	Zip Code 11412
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00415331

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 _____ 1.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : INCA5094

Amount of Each Receipt this Period
 _____ 0.40

Memo Item

C. COLLEEN DEACON FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address 118 JULIAN PLACE#208

City SYRACUSE	State NY	Zip Code 13210
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00588483

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 _____ 5.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : INCA5098

Amount of Each Receipt this Period
 _____ 0.40

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	_____ 1.60
TOTAL This Period (last page this line number only).....▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 349
<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. DEBBIE DINGELL FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 19855 W. OUTER DR. STE 103 AE
 City DEARBORN State MI Zip Code 48124
 FEC ID number of contributing federal political committee. **C** C00558213
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016
Transaction ID : INCA5083
 Amount of Each Receipt this Period 0.40
 Memo Item

B. FRIENDS OF ANNA THRONE-HOLST
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 6
 City SOUTHAMPTON State NY Zip Code 11969
 FEC ID number of contributing federal political committee. **C** C00578401
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016
Transaction ID : INCA5096
 Amount of Each Receipt this Period 0.40
 Memo Item

C. FRIENDS OF ELIZABETH ESTY
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 61
 City CHESHIRE State CT Zip Code 6410
 FEC ID number of contributing federal political committee. **C** C00494203
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016
Transaction ID : INCA5082
 Amount of Each Receipt this Period 2.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2.80
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 99 OF 349
<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 ROSA DELAURO
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 CHURCH ST, STE 818
 City NEW HAVEN State CT Zip Code 6510
 FEC ID number of contributing federal political committee. **C** C00238865
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1.20

Date of Receipt 06 / 23 / 2016
Transaction ID : INCA5091
 Amount of Each Receipt this Period 0.40
 Memo Item

B. 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 ▼ 104.42

Date of Receipt 06 / 23 / 2016
Transaction ID : INCA5074
 Amount of Each Receipt this Period 0.60
 Memo Item

C. JACKIE SPEIER FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 112
 City BURLINGAME State CA Zip Code 94011
 FEC ID number of contributing federal political committee. **C** C00443705
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4.75

Date of Receipt 06 / 23 / 2016
Transaction ID : INCA5077
 Amount of Each Receipt this Period 1.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2.00
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 100 OF 349
<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 ▼
 621.54

Date of Receipt
 06 / 23 / 2016
Transaction ID : INCA5080

Amount of Each Receipt this Period
 0.20

Memo Item

B. KAPLAN FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 597

City	State	Zip Code
MANHASSET	NY	11030

FEC ID number of contributing federal political committee. **C** C00603142

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3.60

Date of Receipt
 06 / 23 / 2016
Transaction ID : INCA5097

Amount of Each Receipt this Period
 0.40

Memo Item

C. KATHERINE CLARK FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 361

City	State	Zip Code
MALDEN	MA	2148

FEC ID number of contributing federal political committee. **C** C00541888

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1.40

Date of Receipt
 06 / 23 / 2016
Transaction ID : INCA5087

Amount of Each Receipt this Period
 0.60

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1.20
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 101 OF 349
<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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3.95

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016
Transaction ID : INCA5078
 Amount of Each Receipt this Period 0.40
 Memo Item

B. 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 ▼ 718.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016
Transaction ID : INCA5101
 Amount of Each Receipt this Period 80.00
 Memo Item

C. MALONEY FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 EAST 92ND ST
 City NEW YORK State NY Zip Code 10128
 FEC ID number of contributing federal political committee. **C** C00273169
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4.95

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016
Transaction ID : INCA5079
 Amount of Each Receipt this Period 0.40
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.80
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 102 OF 349
<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. MONICA VERNON FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1635
 City CEDAR RAPIDS State IA Zip Code 52406
 FEC ID number of contributing federal political committee. **C** C00571562
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4.00

Date of Receipt
 06 / 23 / 2016
Transaction ID : INCA5102
 Amount of Each Receipt this Period 0.20
 Memo Item

B. PEOPLE FOR PATTY MURRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 3662
 City SEATTLE State WA Zip Code 98124
 FEC ID number of contributing federal political committee. **C** C00257642
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2.35

Date of Receipt
 06 / 23 / 2016
Transaction ID : INCA5084
 Amount of Each Receipt this Period 0.20
 Memo Item

C. PRAMILA FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 20753
 City SEATTLE State WA Zip Code 98102
 FEC ID number of contributing federal political committee. **C** C00605592
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.20

Date of Receipt
 06 / 23 / 2016
Transaction ID : INCA5095
 Amount of Each Receipt this Period 0.20
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 0.60
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 349
<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. ROBIN KELLY FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 6953
 City CHICAGO State IL Zip Code 60680
 FEC ID number of contributing federal political committee. **C** C00539866
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016
Transaction ID : INCA5085
 Amount of Each Receipt this Period
 0.40
 Memo Item

B. ROSEN FOR NEVADA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 N. GREEN VALLEY PKWY #440-177
 City HENDERSON State NV Zip Code 89074
 FEC ID number of contributing federal political committee. **C** C00606939
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016
Transaction ID : INCA5103
 Amount of Each Receipt this Period
 0.20
 Memo Item

C. SCHAKOWSKY FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 5130
 City EVANSTON State IL Zip Code 60204
 FEC ID number of contributing federal political committee. **C** C00327023
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016
Transaction ID : INCA5086
 Amount of Each Receipt this Period
 0.60
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1.20
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 104 OF 349
<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. SHEILA JACKSON LEE FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address 4412 ALMEDA ROAD

City HOUSTON	State TX	Zip Code 77004
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00287904

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : INCA5199

Amount of Each Receipt this Period
0.40

Memo Item

B. TADDEO FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 432094

City PO BOX 432094	State FL	Zip Code 33243
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00445163

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : INCA5100

Amount of Each Receipt this Period
0.20

Memo Item

C. 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 ▼
1045.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : INCA5075

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.80
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 105 OF 349
<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. TULSI FOR HAWAII
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 75561
 City KAPOLEI State HI Zip Code 96707
 FEC ID number of contributing federal political committee. **C** C00497396
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016
Transaction ID : INCA5088
 Amount of Each Receipt this Period
 0.20
 Memo Item

B. ZEPHYR TEACHOUT FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 491
 City ROSENDALE State NY Zip Code 12472
 FEC ID number of contributing federal political committee. **C** C00608174
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016
Transaction ID : INCA5104
 Amount of Each Receipt this Period
 0.20
 Memo Item

C. ANNA ESHOO FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 CAPITOL MALL, SUITE 1425
 City SACRAMENTO State CA Zip Code 95814
 FEC ID number of contributing federal political committee. **C** C00258475
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 219.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : INCA5515
 Amount of Each Receipt this Period
 0.80
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1.20
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 106 OF 349
<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. BEATTY FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 172

City COLUMBUS	State OH	Zip Code 43216
FEC ID number of contributing federal political committee. C C00507368		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1.20	

Date of Receipt
06 / 30 / 2016
Transaction ID : INCA5522

Amount of Each Receipt this Period
0.80

Memo Item

B. BONNIE WATSON COLEMAN FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON, DC	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C C00558437		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1.20	

Date of Receipt
06 / 30 / 2016
Transaction ID : INCA5521

Amount of Each Receipt this Period
0.80

Memo Item

C. CASTOR FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address 301 W PLATT STREET, #385

City TAMPA	State FL	Zip Code 33606
FEC ID number of contributing federal political committee. C C00410761		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2.60	

Date of Receipt
06 / 30 / 2016
Transaction ID : INCA5518

Amount of Each Receipt this Period
1.80

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3.40
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 107 OF 349
<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. CLARKE FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 111-36 200TH. STREET
 City HOLLIS State NY Zip Code 11412
 FEC ID number of contributing federal political committee. **C** C00415331
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1.20

Date of Receipt 06 / 30 / 2016
Transaction ID : INCA5523
 Amount of Each Receipt this Period 0.80
 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 ▼ 186.99

Date of Receipt 06 / 30 / 2016
Transaction ID : INCA5526
 Amount of Each Receipt this Period 3.00
 Memo Item

C. FRIENDS OF ROSA DELAURO
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 CHURCH ST, STE 818
 City NEW HAVEN State CT Zip Code 6510
 FEC ID number of contributing federal political committee. **C** C00238865
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1.20

Date of Receipt 06 / 30 / 2016
Transaction ID : INCA5520
 Amount of Each Receipt this Period 0.80
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 4.60
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 108 OF 349
<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 ▼
104.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : INCA5513

Amount of Each Receipt this Period
 4.20

Memo Item

B. KATHERINE CLARK FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 361

City MALDEN	State MA	Zip Code 2148
----------------	-------------	------------------

FEC ID number of contributing federal political committee. **C** C00541888

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : INCA5517

Amount of Each Receipt this Period
 0.80

Memo Item

C. 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 ▼
236.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : INCA5527

Amount of Each Receipt this Period
 3.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	8.00
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 109 OF 349
<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. 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 ▼ 718.15

Date of Receipt 06 / 30 / 2016
Transaction ID : INCA5524
 Amount of Each Receipt this Period 83.00
 Memo Item

B. 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 ▼ 235.76

Date of Receipt 06 / 30 / 2016
Transaction ID : INCA5525
 Amount of Each Receipt this Period 3.20
 Memo Item

C. PATTY JUDGE FOR IOWA
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 E WALNUT ST SUITE 201
 City DES MOINES State IA Zip Code 50309
 FEC ID number of contributing federal political committee. **C** C00612473
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 8.80

Date of Receipt 06 / 30 / 2016
Transaction ID : INCA5528
 Amount of Each Receipt this Period 2.20
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	88.40
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 110 OF 349
<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. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City State Zip Code
EVANSTON IL 60204

FEC ID number of contributing federal political committee. **C C00327023**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2.40

Date of Receipt
06 / 30 / 2016
Transaction ID : INCA5516

Amount of Each Receipt this Period
1.80

Memo Item

Full Name (Last, First, Middle Initial)
B. SHEILA JACKSON LEE FOR CONGRESS

Mailing Address 4412 ALMEDA ROAD

City State Zip Code
HOUSTON TX 77004

FEC ID number of contributing federal political committee. **C C00287904**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1.20

Date of Receipt
06 / 30 / 2016
Transaction ID : INCA5519

Amount of Each Receipt this Period
0.80

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

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1045.55

Date of Receipt
06 / 30 / 2016
Transaction ID : INCA5514

Amount of Each Receipt this Period
3.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5.60
TOTAL This Period (last page this line number only).....	1112.60

**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

Date of Disbursement: MM / DD / YYYY
06 / 02 / 2016

Mailing Address P.O. BOX 8999

City: SAN FRANCISCO State: CA Zip Code: 94128

Purpose of Disbursement: ACCOUNT FEE

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **EXPB4823**

Amount of Each Disbursement this Period: 25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST DATA

Date of Disbursement: MM / DD / YYYY
06 / 03 / 2016

Mailing Address 5565 GLENRIDGE CONNECTOR NE SUITE 2000

City: ATLANTA State: GA Zip Code: 30342

Purpose of Disbursement: CREDIT CARD PROCESSING FEES

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **EXPB4820**

Amount of Each Disbursement this Period: 34.13

Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST DATA

Date of Disbursement: MM / DD / YYYY
06 / 03 / 2016

Mailing Address 5565 GLENRIDGE CONNECTOR NE SUITE 2000

City: ATLANTA State: GA Zip Code: 30342

Purpose of Disbursement: CREDIT CARD PROCESSING FEES

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **EXPB4822**

Amount of Each Disbursement this Period: 792.12

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 851.25

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 : EXPB4821

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. WELLS FARGO BANK

Mailing Address 464 CALIFORNIA STREET

City SAN FRANCISCO State CA Zip Code 94163

Purpose of Disbursement
BANK FEE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB4825

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 : EXPB4824

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. BARRAGAN FOR CONGRESS

Mailing Address 1840 SOUTH GAFFEY STREET #421

City SAN PEDRO State CA Zip Code 90731

Purpose of Disbursement
ERMK: RACHEL ROPER

Candidate Name
NANETTE BARRAGAN

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CA District: 44

Date of Disbursement

/ /

Transaction ID : **EXPB4781**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. BARRAGAN FOR CONGRESS

Mailing Address 1840 SOUTH GAFFEY STREET #421

City SAN PEDRO State CA Zip Code 90731

Purpose of Disbursement
ERMK: DONNA HOOP

Candidate Name
NANETTE BARRAGAN

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CA District: 44

Date of Disbursement

/ /

Transaction ID : **EXPB4792**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BARRAGAN FOR CONGRESS

Mailing Address 1840 SOUTH GAFFEY STREET #421

City SAN PEDRO State CA Zip Code 90731

Purpose of Disbursement
ERMK: LAURA LAUDER

Candidate Name
NANETTE BARRAGAN

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CA District: 44

Date of Disbursement

/ /

Transaction ID : **EXPB4801**

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: SB23

Transaction ID : EXPB4781

ERMK: RACHEL ROPER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4792

ERMK: DONNA HOOP-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: SB23

Transaction ID : EXPB4801

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. BARRAGAN FOR CONGRESS

Mailing Address 1840 SOUTH GAFFEY STREET #421

City State Zip Code
SAN PEDRO CA 90731

Purpose of Disbursement
ERMK: KATHERINE GALLO-PODESTA

Candidate Name
NANETTE BARRAGAN

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CA District: 44

Date of Disbursement

/ /

Transaction ID : **EXPB4809**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. COLLEEN DEACON FOR CONGRESS

Mailing Address 118 JULIAN PLACE#208

City State Zip Code
SYRACUSE NY 13210

Purpose of Disbursement
ERMK: RACHEL ROPER

Candidate Name
COLLEEN DEACON

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: NY District: 24

Date of Disbursement

/ /

Transaction ID : **EXPB4786**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. COLLEEN DEACON FOR CONGRESS

Mailing Address 118 JULIAN PLACE#208

City State Zip Code
SYRACUSE NY 13210

Purpose of Disbursement
ERMK: DONNA HOOP

Candidate Name
COLLEEN DEACON

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: NY District: 24

Date of Disbursement

/ /

Transaction ID : **EXPB4797**

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: SB23

Transaction ID : EXPB4809

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

Form/Schedule: SB23

Transaction ID: EXPB4786

ERMK: RACHEL ROPER-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: SB23

Transaction ID : EXPB4797

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. COLLEEN DEACON FOR CONGRESS

Mailing Address 118 JULIAN PLACE#208

City SYRACUSE State NY Zip Code 13210

Purpose of Disbursement
ERMK: LAURA LAUDER

Candidate Name
COLLEEN DEACON

Office Sought: House
 Senate
 President
State: NY District: 24

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4806

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COLLEEN DEACON FOR CONGRESS

Mailing Address 118 JULIAN PLACE#208

City SYRACUSE State NY Zip Code 13210

Purpose of Disbursement
ERMK: KATHERINE GALLO-PODESTA

Candidate Name
COLLEEN DEACON

Office Sought: House
 Senate
 President
State: NY District: 24

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4814

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: KIMBERLY OXHOLM

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
06 / 02 / 2016

Transaction ID : EXPB4778

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

1055.00

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

Form/Schedule: SB23

Transaction ID : EXPB4806

ERMK: LAURA LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4814

ERMK: KATHERINE GALLO-PODESTA-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: SB23

Transaction ID : EXPB4778

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

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NAME OF COMMITTEE (In Full)
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: JOANN CUMMINGS

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
06 / 02 / 2016

Transaction ID : EXPB4788

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ANNA THRONE-HOLST

Mailing Address PO BOX 6

City SOUTHAMPTON State NY Zip Code 11969

Purpose of Disbursement
ERMK: RACHEL ROPER

Candidate Name
ANNA THRONE-HOLST

Office Sought: House
 Senate
 President
State: NY District: 01

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4967

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ANNA THRONE-HOLST

Mailing Address PO BOX 6

City SOUTHAMPTON State NY Zip Code 11969

Purpose of Disbursement
ERMK: DONNA HOOP

Candidate Name
ANNA THRONE-HOLST

Office Sought: House
 Senate
 President
State: NY District: 01

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4971

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: SB23

Transaction ID : EXPB4788

ERMK: JOANN CUMMINGS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4967

ERMK: RACHEL ROPER-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: SB23

Transaction ID : EXPB4971

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ANNA THRONE-HOLST

Mailing Address PO BOX 6

City SOUTHAMPTON State NY Zip Code 11969

Purpose of Disbursement
ERMK: LAURA LAUDER

Candidate Name
ANNA THRONE-HOLST

Office Sought: House Senate President
State: NY District: 01
Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4975

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ANNA THRONE-HOLST

Mailing Address PO BOX 6

City SOUTHAMPTON State NY Zip Code 11969

Purpose of Disbursement
ERMK: KATHERINE GALLO-PODESTA

Candidate Name
ANNA THRONE-HOLST

Office Sought: House Senate President
State: NY District: 01
Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4980

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 NEW YORK State NY Zip Code 10185

Purpose of Disbursement
ERMK: JOANN CUMMINGS

Candidate Name
HILLARY RODHAM CLINTON

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

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4789

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)..... ▶

60.00

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

Form/Schedule: SB23

Transaction ID : EXPB4975

ERMK: LAURA LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4980

ERMK: KATHERINE GALLO-PODESTA-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: SB23

Transaction ID : EXPB4789

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

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NAME OF COMMITTEE (In Full)
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: DONNA HOOP

Candidate Name
HILLARY RODHAM CLINTON

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

Date of Disbursement

/ /

Transaction ID : EXPB4799

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: KATHERINE GALLO-PODESTA

Candidate Name
HILLARY RODHAM CLINTON

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

Date of Disbursement

/ /

Transaction ID : EXPB4816

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: LISA OBERG

Candidate Name
HILLARY RODHAM CLINTON

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

Date of Disbursement

/ /

Transaction ID : EXPB4819

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: SB23

Transaction ID : EXPB4799

ERMK: DONNA HOOP-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4816

ERMK: KATHERINE GALLO-PODESTA-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: SB23

Transaction ID : EXPB4819

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KAPLAN FOR CONGRESS

Mailing Address PO BOX 597

City MANHASSET State NY Zip Code 11030

Purpose of Disbursement
ERMK: RACHEL ROPER

Candidate Name
ANNA KAPLAN

Office Sought: House
 Senate
 President
State: NY District: 03

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4968

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KAPLAN FOR CONGRESS

Mailing Address PO BOX 597

City MANHASSET State NY Zip Code 11030

Purpose of Disbursement
ERMK: DONNA HOOP

Candidate Name
ANNA KAPLAN

Office Sought: House
 Senate
 President
State: NY District: 03

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4972

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KAPLAN FOR CONGRESS

Mailing Address PO BOX 597

City MANHASSET State NY Zip Code 11030

Purpose of Disbursement
ERMK: LAURA LAUDER

Candidate Name
ANNA KAPLAN

Office Sought: House
 Senate
 President
State: NY District: 03

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4976

Amount of Each Disbursement this Period

50.00

Memo Item

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

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

75.00

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

Form/Schedule: SB23

Transaction ID : EXPB4968

ERMK: RACHEL ROPER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4972

ERMK: DONNA HOOP-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: SB23

Transaction ID : EXPB4976

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KAPLAN FOR CONGRESS

Mailing Address PO BOX 597

City MANHASSET State NY Zip Code 11030

Purpose of Disbursement
ERMK: KATHERINE GALLO-PODESTA

Candidate Name
ANNA KAPLAN

Office Sought: House
 Senate
 President
State: NY District: 03

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4981

Amount of Each Disbursement this Period

5.00

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: KIMBERLY OXHOLM

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4779

Amount of Each Disbursement this Period

1000.00

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: KERRY FRANCIS

Candidate Name
MAGGIE HASSAN

Office Sought: House
 Senate
 President
State: NH District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4780

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

2005.00

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

Form/Schedule: SB23

Transaction ID : EXPB4981

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

Form/Schedule: SB23

Transaction ID: EXPB4779

ERMK: KIMBERLY OXHOLM-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: SB23

Transaction ID : EXPB4780

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. MONICA VERNON FOR CONGRESS

Mailing Address PO BOX 1635

City CEDAR RAPIDS State IA Zip Code 52406

Purpose of Disbursement
ERMK: RACHEL ROPER

Candidate Name
MONICA VERNON

Office Sought: House
 Senate
 President
State: IA District: 01

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4782

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MONICA VERNON FOR CONGRESS

Mailing Address PO BOX 1635

City CEDAR RAPIDS State IA Zip Code 52406

Purpose of Disbursement
ERMK: DONNA HOOP

Candidate Name
MONICA VERNON

Office Sought: House
 Senate
 President
State: IA District: 01

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4793

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MONICA VERNON FOR CONGRESS

Mailing Address PO BOX 1635

City CEDAR RAPIDS State IA Zip Code 52406

Purpose of Disbursement
ERMK: LAURA LAUDER

Candidate Name
MONICA VERNON

Office Sought: House
 Senate
 President
State: IA District: 01

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4802

Amount of Each Disbursement this Period

50.00

Memo Item

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

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

75.00

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

Form/Schedule: SB23

Transaction ID : EXPB4782

ERMK: RACHEL ROPER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4793

ERMK: DONNA HOOP-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: SB23

Transaction ID : EXPB4802

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. MONICA VERNON FOR CONGRESS

Mailing Address PO BOX 1635

City CEDAR RAPIDS State IA Zip Code 52406

Purpose of Disbursement
ERMK: KATHERINE GALLO-PODESTA

Candidate Name
MONICA VERNON

Office Sought: House
 Senate
 President
State: IA District: 01

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4810

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ROSEN FOR NEVADA

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

City HENDERSON State NV Zip Code 89074

Purpose of Disbursement
ERMK: RACHEL ROPER

Candidate Name
JACKY ROSEN

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4966

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ROSEN FOR NEVADA

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

City HENDERSON State NV Zip Code 89074

Purpose of Disbursement
ERMK: DONNA HOOP

Candidate Name
JACKY ROSEN

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4970

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

30.00

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

Form/Schedule: SB23

Transaction ID : EXPB4810

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

Form/Schedule: SB23

Transaction ID: EXPB4966

ERMK: RACHEL ROPER-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: SB23

Transaction ID : EXPB4970

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ROSEN FOR NEVADA

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

City HENDERSON State NV Zip Code 89074

Purpose of Disbursement
ERMK: LAURA LAUDER

Candidate Name

JACKY ROSEN

Office Sought: House
 Senate
 President

State: NV District: 03

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4974

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ROSEN FOR NEVADA

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

City HENDERSON State NV Zip Code 89074

Purpose of Disbursement
ERMK: KATHERINE GALLO-PODESTA

Candidate Name

JACKY ROSEN

Office Sought: House
 Senate
 President

State: NV District: 03

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4979

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 SCHAUMBURG State IL Zip Code 60159

Purpose of Disbursement
ERMK: LISA HONIG

Candidate Name

TAMMY DUCKWORTH

Office Sought: House
 Senate
 President

State: IL District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4790

Amount of Each Disbursement this Period

1000.00

Memo Item

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

1055.00

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: SB23

Transaction ID : EXPB4974

ERMK: LAURA LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4979

ERMK: KATHERINE GALLO-PODESTA-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: SB23

Transaction ID : EXPB4790

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

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NAME OF COMMITTEE (In Full)
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: DALE SCHROEDEL

Candidate Name
TAMMY DUCKWORTH

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4791

Amount of Each Disbursement this Period

1000.00

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: CAROL MATRE

Candidate Name
TAMMY DUCKWORTH

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4800

Amount of Each Disbursement this Period

100.00

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: KRISTIN ROWE-FINKBEINER

Candidate Name
TAMMY DUCKWORTH

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : EXPB4817

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

1600.00

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

Form/Schedule: SB23

Transaction ID : EXPB4791

ERMK: DALE SCHROEDEL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4800

ERMK: CAROL MATRE-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: SB23

Transaction ID : EXPB4817

ERMK: KRISTIN ROWE-FINKBEINER-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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
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: LISA OBERG

Candidate Name
TAMMY DUCKWORTH

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

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : **EXPB4818**

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ZEPHYR TEACHOUT FOR CONGRESS

Mailing Address PO BOX 491

City State Zip Code
ROSENDALE NY 12472

Purpose of Disbursement
ERMK: RACHEL ROPER

Candidate Name
ZEPHYR TEACHOUT

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: NY District: 19

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : **EXPB4969**

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ZEPHYR TEACHOUT FOR CONGRESS

Mailing Address PO BOX 491

City State Zip Code
ROSENDALE NY 12472

Purpose of Disbursement
ERMK: DONNA HOOP

Candidate Name
ZEPHYR TEACHOUT

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: NY District: 19

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : **EXPB4973**

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)..... ▶

225.00

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

Form/Schedule: SB23

Transaction ID : EXPB4818

ERMK: LISA OBERG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4969

ERMK: RACHEL ROPER-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: SB23

Transaction ID : EXPB4973

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. ZEPHYR TEACHOUT FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address PO BOX 491		Transaction ID : EXPB4977
City ROSENDALE	State NY	
Purpose of Disbursement ERMK: LAURA LAUDER		Amount of Each Disbursement this Period 50.00
Candidate Name ZEPHYR TEACHOUT		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 19	

Full Name (Last, First, Middle Initial) B. ZEPHYR TEACHOUT FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address PO BOX 491		Transaction ID : EXPB4978
City ROSENDALE	State NY	
Purpose of Disbursement ERMK: ELIZABETH SHEPHERD		Amount of Each Disbursement this Period 5.00
Candidate Name ZEPHYR TEACHOUT		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 19	

Full Name (Last, First, Middle Initial) C. ZEPHYR TEACHOUT FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address PO BOX 491		Transaction ID : EXPB4982
City ROSENDALE	State NY	
Purpose of Disbursement ERMK: KATHERINE GALLO-PODESTA		Amount of Each Disbursement this Period 5.00
Candidate Name ZEPHYR TEACHOUT		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 19	

SUBTOTAL of Disbursements This Page (optional).....▶	60.00
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: SB23

Transaction ID : EXPB4977

ERMK: LAURA LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4978

ERMK: ELIZABETH SHEPHERD-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: SB23

Transaction ID : EXPB4982

ERMK: KATHERINE GALLO-PODESTA-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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ANNA ESHOO FOR CONGRESS

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
ERMK: MICHAEL COLLINS

Candidate Name

ANNA ESHOO

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4940

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BARBARA LEE FOR CONGRESS

Mailing Address 409 13TH STREET, 17TH FLOOR

City State Zip Code
OAKLAND CA 94612

Purpose of Disbursement
ERMK: NANCY RUDIN

Candidate Name

BARBARA LEE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4924

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BARBARA LEE FOR CONGRESS

Mailing Address 409 13TH STREET, 17TH FLOOR

City State Zip Code
OAKLAND CA 94612

Purpose of Disbursement
ERMK: AMY THORNTON

Candidate Name

BARBARA LEE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4934

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)..... ▶

50.00

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

Form/Schedule: SB23

Transaction ID : EXPB4940

ERMK: MICHAEL COLLINS -TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4924

ERMK: NANCY RUDIN-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: SB23

Transaction ID : EXPB4934

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. BARBARA LEE FOR CONGRESS

Mailing Address 409 13TH STREET, 17TH FLOOR

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement
ERMK: YOLANDA BRUNO

Candidate Name

BARBARA LEE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : **EXPB5197**

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BARRAGAN FOR CONGRESS

Mailing Address 1840 SOUTH GAFFEY STREET #421

City SAN PEDRO State CA Zip Code 90731

Purpose of Disbursement
ERMK: MEGAN CLAYTON

Candidate Name

NANETTE BARRAGAN

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District: 44

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : **EXPB4937**

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DEBBIE DINGELL FOR CONGRESS

Mailing Address 19855 W. OUTER DR. STE 103 AE

City DEARBORN State MI Zip Code 48124

Purpose of Disbursement
ERMK: IRENE WAPNIR

Candidate Name

DEBBIE DINGELL

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : **EXPB4947**

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

20.00

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

Form/Schedule: SB23

Transaction ID : EXPB5197

ERMK: YOLANDA BRUNO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4937

ERMK: MEGAN CLAYTON-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: SB23

Transaction ID : EXPB4947

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City State Zip Code
CHESHIRE CT 6410

Purpose of Disbursement
ERMK: IRENE WAPNIR

Candidate Name
ELIZABETH ETSY

Office Sought: House
 Senate
 President
State: CT District: 05

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4943

Amount of Each Disbursement this Period

5.00

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

Purpose of Disbursement
ERMK: KARITA MATTILA

Candidate Name
HILLARY RODHAM CLINTON

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4929

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: MEGAN CLAYTON

Candidate Name
HILLARY RODHAM CLINTON

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4935

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: SB23

Transaction ID : EXPB4943

ERMK: IRENE WAPNIR -TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4929

ERMK: KARITA MATTILA-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: SB23

Transaction ID : EXPB4935

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

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NAME OF COMMITTEE (In Full)
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: MICHAEL COLLINS

Candidate Name
HILLARY RODHAM CLINTON

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

Date of Disbursement

/ /

Transaction ID : EXPB4938

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: IRENE WAPNIR

Candidate Name
HILLARY RODHAM CLINTON

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

Date of Disbursement

/ /

Transaction ID : EXPB4950

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. JACKIE SPEIER FOR CONGRESS

Mailing Address P.O. BOX 112

City State Zip Code
BURLINGAME CA 94011

Purpose of Disbursement
ERMK: YOLANDA BRUNO

Candidate Name
JACKIE SPEIER

Office Sought: House Senate President
State: CA District: 14 Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB4916

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: SB23

Transaction ID : EXPB4938

ERMK: MICHAEL COLLINS -TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4950

ERMK: IRENE WAPNIR -TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : EXPB4916

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. JACKIE SPEIER FOR CONGRESS

Mailing Address P.O. BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement
ERMK: NANCY RUDIN

Candidate Name
JACKIE SPEIER

Office Sought: House Senate President
State: CA District: 14

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
06 / 09 / 2016

Transaction ID : **EXPB4920**

Amount of Each Disbursement this Period
20.00

Memo Item

Full Name (Last, First, Middle Initial)
B. JACKIE SPEIER FOR CONGRESS

Mailing Address P.O. BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement
ERMK: AMY THORNTON

Candidate Name
JACKIE SPEIER

Office Sought: House Senate President
State: CA District: 14

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
06 / 09 / 2016

Transaction ID : **EXPB4930**

Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. JACKIE SPEIER FOR CONGRESS

Mailing Address P.O. BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement
ERMK: IRENE WAPNIR

Candidate Name
JACKIE SPEIER

Office Sought: House Senate President
State: CA District: 14

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
06 / 09 / 2016

Transaction ID : **EXPB4944**

Amount of Each Disbursement this Period
5.00

Memo Item

SUBTOTAL of Disbursements 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: SB23

Transaction ID : EXPB4920

ERMK: NANCY RUDIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4930

ERMK: AMY THORNTON-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: SB23

Transaction ID : EXPB4944

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

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NAME OF COMMITTEE (In Full)
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: NANCY RUDIN

Candidate Name
KAMALA HARRIS

Office Sought: House
 Senate
 President
State: CA District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : **EXPB4922**

Amount of Each Disbursement this Period

20.00

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: AMY THORNTON

Candidate Name
KAMALA HARRIS

Office Sought: House
 Senate
 President
State: CA District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : **EXPB4932**

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KAMALA HARRIS FOR SENATE

Mailing Address 777 S FIGUEROA ST STE 4050

City State Zip Code
LOS ANGELES CA 90017

Purpose of Disbursement
ERMK: MEGAN CLAYTON

Candidate Name
KAMALA HARRIS

Office Sought: House
 Senate
 President
State: CA District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : **EXPB4936**

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

30.00

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

Form/Schedule: SB23

Transaction ID : EXPB4922

ERMK: NANCY RUDIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4932

ERMK: AMY THORNTON-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: SB23

Transaction ID : EXPB4936

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

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NAME OF COMMITTEE (In Full)
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: MICHAEL COLLINS

Candidate Name
KAMALA HARRIS

Office Sought: House
 Senate
 President
State: CA District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : **EXPB4939**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KATHLEEN RICE FOR CONGRESS

Mailing Address PO BOX 744

City State Zip Code
MINEOLA NY 11501

Purpose of Disbursement
ERMK: NANCY RUDIN

Candidate Name
KATHLEEN RICE

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : **EXPB4921**

Amount of Each Disbursement this Period

20.00

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
ERMK: AMY THORNTON

Candidate Name
KATHLEEN RICE

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : **EXPB4931**

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)..... ▶

50.00

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

Form/Schedule: SB23

Transaction ID : EXPB4939

ERMK: MICHAEL COLLINS -TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4921

ERMK: NANCY RUDIN-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: SB23

Transaction ID : EXPB4931

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

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NAME OF COMMITTEE (In Full)
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: IRENE WAPNIR

Candidate Name
KATHLEEN RICE

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4946

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KATHLEEN RICE FOR CONGRESS

Mailing Address PO BOX 744

City MINEOLA State NY Zip Code 11501

Purpose of Disbursement
ERMK: YOLANDA BRUNO

Candidate Name
KATHLEEN RICE

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB5194

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MALONEY FOR CONGRESS

Mailing Address 49 EAST 92ND ST

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement
ERMK: NANCY RUDIN

Candidate Name
CAROLYN MALONEY

Office Sought: House
 Senate
 President
State: NY District: 12

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4923

Amount of Each Disbursement this Period

20.00

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: SB23

Transaction ID : EXPB4946

ERMK: IRENE WAPNIR -TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5194

ERMK: YOLANDA BRUNO-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: SB23

Transaction ID : EXPB4923

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. MALONEY FOR CONGRESS

Mailing Address 49 EAST 92ND ST

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement
ERMK: PATRICIA WHITE

Candidate Name
CAROLYN MALONEY

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: NY District: 12

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4927

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MALONEY FOR CONGRESS

Mailing Address 49 EAST 92ND ST

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement
ERMK: KARITA MATTILA

Candidate Name
CAROLYN MALONEY

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: NY District: 12

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4928

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MALONEY FOR CONGRESS

Mailing Address 49 EAST 92ND ST

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement
ERMK: AMY THORNTON

Candidate Name
CAROLYN MALONEY

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: NY District: 12

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4933

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-N5HCB

Form/Schedule: SB23

Transaction ID : EXPB4927

ERMK: PATRICIA WHITE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4928

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: SB23

Transaction ID : EXPB4933

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. MALONEY FOR CONGRESS

Mailing Address 49 EAST 92ND ST

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement
ERMK: IRENE WAPNIR

Candidate Name
CAROLYN MALONEY

Office Sought: House
 Senate
 President
State: NY District: 12

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4945

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MALONEY FOR CONGRESS

Mailing Address 49 EAST 92ND ST

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement
ERMK: YOLANDA BRUNO

Candidate Name
CAROLYN MALONEY

Office Sought: House
 Senate
 President
State: NY District: 12

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB5196

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement
ERMK: IRENE WAPNIR

Candidate Name
PATTY MURRAY

Office Sought: House
 Senate
 President
State: WA District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4948

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

20.00

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

Form/Schedule: SB23

Transaction ID : EXPB4945

ERMK: IRENE WAPNIR -TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5196

ERMK: YOLANDA BRUNO-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: SB23

Transaction ID : EXPB4948

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ROBIN KELLY FOR CONGRESS

Mailing Address PO BOX 6953

City State Zip Code
CHICAGO IL 60680

Purpose of Disbursement
ERMK: IRENE WAPNIR

Candidate Name

ROBIN KELLY

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4949

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: JOANN LOULAN

Candidate Name

TAMMY DUCKWORTH

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4925

Amount of Each Disbursement this Period

1000.00

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: ALEXANDRA ACKER-LYONS

Candidate Name

TAMMY DUCKWORTH

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4926

Amount of Each Disbursement this Period

25.00

Memo Item

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

1030.00

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: SB23

Transaction ID : EXPB4949

ERMK: IRENE WAPNIR -TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4925

ERMK: JOANN LOULAN-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: SB23

Transaction ID : EXPB4926

ERMK: ALEXANDRA ACKER-LYONS-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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
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: KAREN SILVERMAN

Candidate Name
TAMMY DUCKWORTH

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

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4941

Amount of Each Disbursement this Period

1000.00

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: MARY POWELL

Candidate Name
TAMMY DUCKWORTH

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

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4942

Amount of Each Disbursement this Period

1000.00

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: COURTNEY MOORE

Candidate Name
TAMMY DUCKWORTH

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

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : EXPB4951

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

Form/Schedule: SB23

Transaction ID : EXPB4941

ERMK: KAREN SILVERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB4942

ERMK: MARY POWELL-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: SB23

Transaction ID : EXPB4951

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

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NAME OF COMMITTEE (In Full)
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: AMY RAO

Candidate Name
TAMMY DUCKWORTH

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

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : **EXPB4952**

Amount of Each Disbursement this Period

2700.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BARBARA LEE FOR CONGRESS

Mailing Address 409 13TH STREET, 17TH FLOOR

City State Zip Code
OAKLAND CA 94612

Purpose of Disbursement
ERMK: EILEEN BREWER

Candidate Name
BARBARA LEE

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CA District: 13

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : **EXPB5190**

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CATHERINE CORTEZ MASTO FOR SENATE

Mailing Address 8020 SOUTH RAINBOW BLVD. SUITE 100

City State Zip Code
LAS VEGAS NV 89139

Purpose of Disbursement
ERMK: AMY RAO

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
06 / 16 / 2016

Transaction ID : **EXPB5188**

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)..... ▶

5450.00

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

Form/Schedule: SB23

Transaction ID : EXPB4952

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

Form/Schedule: SB23

Transaction ID: EXPB5190

ERMK: EILEEN BREWER-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: SB23

Transaction ID : EXPB5188

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. DEBBIE DINGELL FOR CONGRESS

Mailing Address 19855 W. OUTER DR. STE 103 AE

City DEARBORN State MI Zip Code 48124

Purpose of Disbursement
ERMK: JULIE INGLEMAN

Candidate Name

DEBBIE DINGELL

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : EXPB5175

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DEBBIE DINGELL FOR CONGRESS

Mailing Address 19855 W. OUTER DR. STE 103 AE

City DEARBORN State MI Zip Code 48124

Purpose of Disbursement
ERMK: ROSEMARY CAMPOSANO

Candidate Name

DEBBIE DINGELL

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : EXPB5182

Amount of Each Disbursement this Period

15.00

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: AMY RAO

Candidate Name

DEBORAH ROSS

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : EXPB5187

Amount of Each Disbursement this Period

2700.00

Memo Item

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

2720.00

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: SB23

Transaction ID : EXPB5175

ERMK: JULIE INGLEMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5182

ERMK: ROSEMARY CAMPOSANO-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: SB23

Transaction ID : EXPB5187

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

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NAME OF COMMITTEE (In Full)
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: DANA DEVON

Candidate Name
DEBORAH ROSS

Office Sought: House Senate President
State: NC District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : EXPB5191

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 6410

Purpose of Disbursement
ERMK: JULIE INGLEMAN

Candidate Name
ELIZABETH ETSY

Office Sought: House Senate President
State: CT District: 05

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : EXPB5171

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 6410

Purpose of Disbursement
ERMK: ROSEMARY CAMPOSANO

Candidate Name
ELIZABETH ETSY

Office Sought: House Senate President
State: CT District: 05

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : EXPB5178

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)..... ▶

70.00

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

Form/Schedule: SB23

Transaction ID : EXPB5191

ERMK: DANA DEVON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5171

ERMK: JULIE INGLEMAN-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: SB23

Transaction ID : EXPB5178

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

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NAME OF COMMITTEE (In Full)
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: KARITA MATTILA

Candidate Name
HILLARY RODHAM CLINTON

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

Date of Disbursement

/ /

Transaction ID : EXPB5170

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. JACKIE SPEIER FOR CONGRESS

Mailing Address P.O. BOX 112

City State Zip Code
BURLINGAME CA 94011

Purpose of Disbursement
ERMK: JULIE INGLEMAN

Candidate Name
JACKIE SPEIER

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CA District: 14

Date of Disbursement

/ /

Transaction ID : EXPB5172

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. JACKIE SPEIER FOR CONGRESS

Mailing Address P.O. BOX 112

City State Zip Code
BURLINGAME CA 94011

Purpose of Disbursement
ERMK: ROSEMARY CAMPOSANO

Candidate Name
JACKIE SPEIER

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CA District: 14

Date of Disbursement

/ /

Transaction ID : EXPB5179

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: SB23

Transaction ID : EXPB5170

ERMK: KARITA MATTILA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5172

ERMK: JULIE INGLEMAN-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: SB23

Transaction ID : EXPB5179

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KAMALA HARRIS FOR SENATE

Mailing Address 777 S FIGUEROA ST STE 4050

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement
ERMK: EILEEN BREWER

Candidate Name
KAMALA HARRIS

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : EXPB5189

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KAMALA HARRIS FOR SENATE

Mailing Address 777 S FIGUEROA ST STE 4050

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement
ERMK: YOLANDA BRUNO

Candidate Name
KAMALA HARRIS

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : EXPB5195

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KATHLEEN RICE FOR CONGRESS

Mailing Address PO BOX 744

City MINEOLA State NY Zip Code 11501

Purpose of Disbursement
ERMK: JULIE INGLEMAN

Candidate Name
KATHLEEN RICE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: NY District: 04

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : EXPB5174

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)..... ▶

65.00

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

Form/Schedule: SB23

Transaction ID : EXPB5189

ERMK: EILEEN BREWER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5195

ERMK: YOLANDA BRUNO-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: SB23

Transaction ID : EXPB5174

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

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NAME OF COMMITTEE (In Full)
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: ROSEMARY CAMPOSANO

Candidate Name
KATHLEEN RICE

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : EXPB5181

Amount of Each Disbursement this Period

15.00

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: DANA DEVON

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : EXPB5192

Amount of Each Disbursement this Period

50.00

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: AMY RAO

Candidate Name
MAGGIE HASSAN

Office Sought: House
 Senate
 President
State: NH District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : EXPB5186

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)..... ▶

2765.00

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

Form/Schedule: SB23

Transaction ID : EXPB5181

ERMK: ROSEMARY CAMPOSANO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5192

ERMK: DANA DEVON-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: SB23

Transaction ID : EXPB5186

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. MALONEY FOR CONGRESS

Mailing Address 49 EAST 92ND ST

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement
ERMK: KARITA MATTILA

Candidate Name
CAROLYN MALONEY

Office Sought: House Senate President
State: NY District: 12

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
06 / 16 / 2016

Transaction ID : **EXPB5169**

Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. MALONEY FOR CONGRESS

Mailing Address 49 EAST 92ND ST

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement
ERMK: JULIE INGLEMAN

Candidate Name
CAROLYN MALONEY

Office Sought: House Senate President
State: NY District: 12

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
06 / 16 / 2016

Transaction ID : **EXPB5173**

Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. MALONEY FOR CONGRESS

Mailing Address 49 EAST 92ND ST

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement
ERMK: ROSEMARY CAMPOSANO

Candidate Name
CAROLYN MALONEY

Office Sought: House Senate President
State: NY District: 12

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
06 / 16 / 2016

Transaction ID : **EXPB5180**

Amount of Each Disbursement this Period
15.00

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 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : EXPB5169

ERMK: KARITA MATTILA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5173

ERMK: JULIE INGLEMAN-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: SB23

Transaction ID : EXPB5180

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement
ERMK: JULIE INGLEMAN

Candidate Name
PATTY MURRAY

Office Sought: House
 Senate
 President
State: WA District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : EXPB5176

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement
ERMK: ROSEMARY CAMPOSANO

Candidate Name
PATTY MURRAY

Office Sought: House
 Senate
 President
State: WA District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : EXPB5183

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ROBIN KELLY FOR CONGRESS

Mailing Address PO BOX 6953

City CHICAGO State IL Zip Code 60680

Purpose of Disbursement
ERMK: JULIE INGLEMAN

Candidate Name
ROBIN KELLY

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : EXPB5177

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-N5HCB

Form/Schedule: SB23

Transaction ID : EXPB5176

ERMK: JULIE INGLEMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5183

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: SB23

Transaction ID : EXPB5177

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ROBIN KELLY FOR CONGRESS

Mailing Address PO BOX 6953

City State Zip Code
CHICAGO IL 60680

Purpose of Disbursement
ERMK: ROSEMARY CAMPOSANO

Candidate Name
ROBIN KELLY

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : EXPB5184

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: DONNA NORTON

Candidate Name
TAMMY DUCKWORTH

Office Sought: House
 Senate
 President
State: IL District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : EXPB5185

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ANGIE CRAIG FOR CONGRESS

Mailing Address PO BOX 22116

City State Zip Code
EAGAN MN 55122

Purpose of Disbursement
ERMK: DONNA SCHWARTZ MILLS

Candidate Name
ANGIE CRAIG

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5141

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)..... ▶

520.00

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

Form/Schedule: SB23

Transaction ID : EXPB5184

ERMK: ROSEMARY CAMPOSANO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5185

ERMK: DONNA NORTON-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: SB23

Transaction ID : EXPB5141

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ANNA ESHOO FOR CONGRESS

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
ERMK: SUSAN MINOR

Candidate Name

ANNA ESHOO

Office Sought: House
 Senate
 President
State: CA District: 18

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : EXPB5120

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ANNA ESHOO FOR CONGRESS

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
ERMK: COLLETTE SELL

Candidate Name

ANNA ESHOO

Office Sought: House
 Senate
 President
State: CA District: 18

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : EXPB5128

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BARRAGAN FOR CONGRESS

Mailing Address 1840 SOUTH GAFFEY STREET #421

City State Zip Code
SAN PEDRO CA 90731

Purpose of Disbursement
ERMK: JOYCE THIBODEAUX

Candidate Name

NANETTE BARRAGAN

Office Sought: House
 Senate
 President
State: CA District: 44

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : EXPB5151

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

30.00

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

Form/Schedule: SB23

Transaction ID : EXPB5120

ERMK: SUSAN MINOR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5128

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: SB23

Transaction ID : EXPB5151

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. BEATTY FOR CONGRESS

Mailing Address PO BOX 172

City COLUMBUS State OH Zip Code 43216

Purpose of Disbursement
ERMK: COLLETTE SELL

Candidate Name
JOYCE BEATTY

Office Sought: House
 Senate
 President
State: OH District: 03

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5131

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BONNIE WATSON COLEMAN FOR CONGRESS

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON, DC State DC Zip Code 20003

Purpose of Disbursement
ERMK: COLLETTE SELL

Candidate Name
BONNIE WATSON COLEMAN

Office Sought: House
 Senate
 President
State: NJ District: 12

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5130

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CASTOR FOR CONGRESS

Mailing Address 301 W PLATT STREET, #385

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
ERMK: JANE RUBIN

Candidate Name
KATHY CASTOR

Office Sought: House
 Senate
 President
State: FL District: 14

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5125

Amount of Each Disbursement this Period

10.00

Memo Item

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

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

30.00

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

Form/Schedule: SB23

Transaction ID : EXPB5131

ERMK: COLLETTE SELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5130

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: SB23

Transaction ID : EXPB5125

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. CASTOR FOR CONGRESS

Mailing Address 301 W PLATT STREET, #385

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
ERMK: COLLETTE SELL

Candidate Name
KATHY CASTOR

Office Sought: House
 Senate
 President
State: FL District: 14

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5134

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CLARKE FOR CONGRESS

Mailing Address 111-36 200TH. STREET

City HOLLIS State NY Zip Code 11412

Purpose of Disbursement
ERMK: COLLETTE SELL

Candidate Name
YVETTE CLARK

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5132

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COLLEEN DEACON FOR CONGRESS

Mailing Address 118 JULIAN PLACE#208

City SYRACUSE State NY Zip Code 13210

Purpose of Disbursement
ERMK: DONNA SCHWARTZ MILLS

Candidate Name
COLLEEN DEACON

Office Sought: House
 Senate
 President
State: NY District: 24

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5140

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-N5HCB

Form/Schedule: SB23

Transaction ID : EXPB5134

ERMK: COLLETTE SELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5132

ERMK: COLLETTE SELL-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: SB23

Transaction ID : EXPB5140

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. COLLEEN DEACON FOR CONGRESS

Mailing Address 118 JULIAN PLACE#208

City SYRACUSE State NY Zip Code 13210

Purpose of Disbursement
ERMK: JOYCE THIBODEAUX

Candidate Name
COLLEEN DEACON

Office Sought: House
 Senate
 President
State: NY District: 24

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5156

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DEBBIE DINGELL FOR CONGRESS

Mailing Address 19855 W. OUTER DR. STE 103 AE

City DEARBORN State MI Zip Code 48124

Purpose of Disbursement
ERMK: CLAUDIA COLLIGNON-HARVATH

Candidate Name
DEBBIE DINGELL

Office Sought: House
 Senate
 President
State: MI District: 12

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5149

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DEBBIE DINGELL FOR CONGRESS

Mailing Address 19855 W. OUTER DR. STE 103 AE

City DEARBORN State MI Zip Code 48124

Purpose of Disbursement
ERMK: PAULA CELLINI

Candidate Name
DEBBIE DINGELL

Office Sought: House
 Senate
 President
State: MI District: 12

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5166

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: SB23

Transaction ID : EXPB5156

ERMK: JOYCE THIBODEAUX-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5149

ERMK: CLAUDIA COLLIGNON-HARVATH-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: SB23

Transaction ID : EXPB5166

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ANNA THRONE-HOLST

Mailing Address PO BOX 6

City SOUTHAMPTON State NY Zip Code 11969

Purpose of Disbursement
ERMK: DONNA SCHWARTZ MILLS

Candidate Name
ANNA THRONE-HOLST

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: NY District: 01

Date of Disbursement

/ /

Transaction ID : EXPB5138

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ANNA THRONE-HOLST

Mailing Address PO BOX 6

City SOUTHAMPTON State NY Zip Code 11969

Purpose of Disbursement
ERMK: JOYCE THIBODEAUX

Candidate Name
ANNA THRONE-HOLST

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: NY District: 01

Date of Disbursement

/ /

Transaction ID : EXPB5154

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 6410

Purpose of Disbursement
ERMK: CLAUDIA COLLIGNON-HARVATH

Candidate Name
ELIZABETH ETSY

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CT District: 05

Date of Disbursement

/ /

Transaction ID : EXPB5145

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: SB23

Transaction ID : EXPB5138

ERMK: DONNA SCHWARTZ MILLS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5154

ERMK: JOYCE THIBODEAUX-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: SB23

Transaction ID : EXPB5145

ERMK: CLAUDIA COLLIGNON-HARVATH-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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 6410

Purpose of Disbursement
ERMK: ANNE PRESCOTT

Candidate Name
ELIZABETH ETSY

Office Sought: House
 Senate
 President
State: CT District: 05

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5159

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 6410

Purpose of Disbursement
ERMK: PAT SABOSIK

Candidate Name
ELIZABETH ETSY

Office Sought: House
 Senate
 President
State: CT District: 05

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5161

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 6410

Purpose of Disbursement
ERMK: PAULA CELLINI

Candidate Name
ELIZABETH ETSY

Office Sought: House
 Senate
 President
State: CT District: 05

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5162

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)..... ▶

45.00

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

Form/Schedule: SB23

Transaction ID : EXPB5159

ERMK: ANNE PRESCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5161

ERMK: PAT SABOSIK-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: SB23

Transaction ID : EXPB5162

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ROSA DELAURO

Mailing Address 129 CHURCH ST, STE 818

City NEW HAVEN State CT Zip Code 6510

Purpose of Disbursement
ERMK: COLLETTE SELL

Candidate Name
ROSA DELAURO

Office Sought: House
 Senate
 President
State: CT District: 03

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5129

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HILLARY FOR AMERICA

Mailing Address P.O. BOX 5256

City NEW YORK State NY Zip Code 10185

Purpose of Disbursement
ERMK: COLLETTE SELL

Candidate Name
HILLARY RODHAM CLINTON

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5135

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HILLARY FOR AMERICA

Mailing Address P.O. BOX 5256

City NEW YORK State NY Zip Code 10185

Purpose of Disbursement
ERMK: DONNA SCHWARTZ MILLS

Candidate Name
HILLARY RODHAM CLINTON

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5143

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-N5HCB

Form/Schedule: SB23

Transaction ID : EXPB5129

ERMK: COLLETTE SELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5135

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: SB23

Transaction ID : EXPB5143

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. JACKIE SPEIER FOR CONGRESS

Mailing Address P.O. BOX 112

City State Zip Code
BURLINGAME CA 94011

Purpose of Disbursement
ERMK: CLAUDIA COLLIGNON-HARVATH

Candidate Name
JACKIE SPEIER

Office Sought: House
 Senate
 President
State: CA District: 14

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5146

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JACKIE SPEIER FOR CONGRESS

Mailing Address P.O. BOX 112

City State Zip Code
BURLINGAME CA 94011

Purpose of Disbursement
ERMK: ANNE PRESCOTT

Candidate Name
JACKIE SPEIER

Office Sought: House
 Senate
 President
State: CA District: 14

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5160

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JACKIE SPEIER FOR CONGRESS

Mailing Address P.O. BOX 112

City State Zip Code
BURLINGAME CA 94011

Purpose of Disbursement
ERMK: PAULA CELLINI

Candidate Name
JACKIE SPEIER

Office Sought: House
 Senate
 President
State: CA District: 14

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5163

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-N5HCB

Form/Schedule: SB23

Transaction ID : EXPB5146

ERMK: CLAUDIA COLLIGNON-HARVATH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5160

ERMK: ANNE PRESCOTT-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: SB23

Transaction ID : EXPB5163

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KAMALA HARRIS FOR SENATE

Mailing Address **777 S FIGUEROA ST STE 4050**

City **LOS ANGELES** State **CA** Zip Code **90017**

Purpose of Disbursement
ERMK: **JULIA KHAN**

Candidate Name
KAMALA HARRIS

Office Sought: House
 Senate
 President
State: **CA** District: _____

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : EXPB5123

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KAPLAN FOR CONGRESS

Mailing Address **PO BOX 597**

City **MANHASSET** State **NY** Zip Code **11030**

Purpose of Disbursement
ERMK: **DONNA SCHWARTZ MILLS**

Candidate Name
ANNA KAPLAN

Office Sought: House
 Senate
 President
State: **NY** District: **03**

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : EXPB5139

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KAPLAN FOR CONGRESS

Mailing Address **PO BOX 597**

City **MANHASSET** State **NY** Zip Code **11030**

Purpose of Disbursement
ERMK: **JOYCE THIBODEAUX**

Candidate Name
ANNA KAPLAN

Office Sought: House
 Senate
 President
State: **NY** District: **03**

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : EXPB5155

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: SB23

Transaction ID : EXPB5123

ERMK: JULIA KHAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5139

ERMK: DONNA SCHWARTZ MILLS-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: SB23

Transaction ID : EXPB5155

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KATHERINE CLARK FOR CONGRESS

Mailing Address PO BOX 361

City MALDEN State MA Zip Code 2148

Purpose of Disbursement
ERMK: KARITA MATTILA

Candidate Name
KATHERINE CLARK

Office Sought: House
 Senate
 President
State: MA District: 05

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5122

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KATHERINE CLARK FOR CONGRESS

Mailing Address PO BOX 361

City MALDEN State MA Zip Code 2148

Purpose of Disbursement
ERMK: COLLETTE SELL

Candidate Name
KATHERINE CLARK

Office Sought: House
 Senate
 President
State: MA District: 05

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5127

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KATHLEEN RICE FOR CONGRESS

Mailing Address PO BOX 744

City MINEOLA State NY Zip Code 11501

Purpose of Disbursement
ERMK: CLAUDIA COLLIGNON-HARVATH

Candidate Name
KATHLEEN RICE

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5148

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

20.00

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

Form/Schedule: SB23

Transaction ID : EXPB5122

ERMK: KARITA MATTILA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5127

ERMK: COLLETTE SELL-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: SB23

Transaction ID : EXPB5148

ERMK: CLAUDIA COLLIGNON-HARVATH-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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
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: PAULA CELLINI

Candidate Name
KATHLEEN RICE

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5165

Amount of Each Disbursement this Period

5.00

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: COURTNEY MOORE

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5144

Amount of Each Disbursement this Period

1000.00

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: BARBARA GRASSESCHI

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5158

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

2005.00

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

Form/Schedule: SB23

Transaction ID : EXPB5165

ERMK: PAULA CELLINI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5144

ERMK: COURTNEY MOORE-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: SB23

Transaction ID : EXPB5158

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. MALONEY FOR CONGRESS

Mailing Address 49 EAST 92ND ST

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement
ERMK: CLAUDIA COLLIGNON-HARVATH

Candidate Name
CAROLYN MALONEY

Office Sought: House
 Senate
 President
State: NY District: 12

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	23	/	2016

Transaction ID : EXPB5147

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MALONEY FOR CONGRESS

Mailing Address 49 EAST 92ND ST

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement
ERMK: PAULA CELLINI

Candidate Name
CAROLYN MALONEY

Office Sought: House
 Senate
 President
State: NY District: 12

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	23	/	2016

Transaction ID : EXPB5164

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MONICA VERNON FOR CONGRESS

Mailing Address PO BOX 1635

City CEDAR RAPIDS State IA Zip Code 52406

Purpose of Disbursement
ERMK: JOYCE THIBODEAUX

Candidate Name
MONICA VERNON

Office Sought: House
 Senate
 President
State: IA District: 01

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	23	/	2016

Transaction ID : EXPB5152

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

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

Form/Schedule: SB23

Transaction ID : EXPB5147

ERMK: CLAUDIA COLLIGNON-HARVATH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5164

ERMK: PAULA CELLINI-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: SB23

Transaction ID : EXPB5152

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement
ERMK: PAULA CELLINI

Candidate Name
PATTY MURRAY

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5167

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PRAMILA FOR CONGRESS

Mailing Address PO BOX 20753

City SEATTLE State WA Zip Code 98102

Purpose of Disbursement
ERMK: DONNA SCHWARTZ MILLS

Candidate Name
PRAMILA JAYAPAL

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: WA District: 07

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5136

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ROBIN KELLY FOR CONGRESS

Mailing Address PO BOX 6953

City CHICAGO State IL Zip Code 60680

Purpose of Disbursement
ERMK: CLAUDIA COLLIGNON-HARVATH

Candidate Name
ROBIN KELLY

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5150

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: SB23

Transaction ID : EXPB5167

ERMK: PAULA CELLINI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5136

ERMK: DONNA SCHWARTZ MILLS-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: SB23

Transaction ID : EXPB5150

ERMK: CLAUDIA COLLIGNON-HARVATH-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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ROBIN KELLY FOR CONGRESS

Mailing Address PO BOX 6953

City State Zip Code
CHICAGO IL 60680

Purpose of Disbursement
ERMK: PAULA CELLINI

Candidate Name
ROBIN KELLY

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5168

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ROSEN FOR NEVADA

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

City State Zip Code
HENDERSON NV 89074

Purpose of Disbursement
ERMK: JOYCE THIBODEAUX

Candidate Name
JACKY ROSEN

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5153

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City State Zip Code
EVANSTON IL 60204

Purpose of Disbursement
ERMK: KARITA MATTILA

Candidate Name
JAN SCHAKOWSKY

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : EXPB5121

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: SB23

Transaction ID : EXPB5168

ERMK: PAULA CELLINI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5153

ERMK: JOYCE THIBODEAUX-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: SB23

Transaction ID : EXPB5121

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2016

City State Zip Code
EVANSTON IL 60204

Transaction ID : EXPB5133

Purpose of Disbursement
ERMK: COLLETTE SELL

Amount of Each Disbursement this Period

10.00

Candidate Name

JAN SCHAKOWSKY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: IL District: 09

Full Name (Last, First, Middle Initial)

B. SHEILA JACKSON LEE FOR CONGRESS

Mailing Address 4412 ALMEDA ROAD

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2016

City State Zip Code
HOUSTON TX 77004

Transaction ID : EXPB5198

Purpose of Disbursement
ERMK: Collette Sell

Amount of Each Disbursement this Period

10.00

Candidate Name

SHEILA JACKSON LEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: TX District: 18

Full Name (Last, First, Middle Initial)

C. TADDEO FOR CONGRESS

Mailing Address PO BOX 432094

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2016

City State Zip Code
PO BOX 432094 FL 33243

Transaction ID : EXPB5142

Purpose of Disbursement
ERMK: DONNA SCHWARTZ MILLS

Amount of Each Disbursement this Period

5.00

Candidate Name

ANNETTE TADDEO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: FL District: 26

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: SB23

Transaction ID : EXPB5133

ERMK: COLLETTE SELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5198

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: SB23

Transaction ID : EXPB5142

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

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NAME OF COMMITTEE (In Full)
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: DONNA SCHWARTZ MILLS

Candidate Name
TAMMY DUCKWORTH

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3			2	0	1	6		

Transaction ID : EXPB5137

Amount of Each Disbursement this Period

5	0	0
---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. TULSI FOR HAWAII

Mailing Address PO BOX 75561

City State Zip Code
KAPOLEI HI 96707

Purpose of Disbursement
ERMK: JULIA KHAN

Candidate Name
TULSI GABBARD

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: HI District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3			2	0	1	6		

Transaction ID : EXPB5124

Amount of Each Disbursement this Period

5	0	0
---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. ZEPHYR TEACHOUT FOR CONGRESS

Mailing Address PO BOX 491

City State Zip Code
ROSENDALE NY 12472

Purpose of Disbursement
ERMK: JOYCE THIBODEAUX

Candidate Name
ZEPHYR TEACHOUT

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3			2	0	1	6		

Transaction ID : EXPB5157

Amount of Each Disbursement this Period

5	0	0
---	---	---

Memo Item

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

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

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

5	0	0
---	---	---

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

Form/Schedule: SB23

Transaction ID : EXPB5137

ERMK: DONNA SCHWARTZ MILLS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5124

ERMK: JULIA KHAN-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: SB23

Transaction ID : EXPB5157

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ANNA ESHOO FOR CONGRESS

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
ERMK: CAROL MUKHOPADHYAY

Candidate Name

ANNA ESHOO

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5476

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ANNA ESHOO FOR CONGRESS

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
ERMK: PATRICIA CARLTON

Candidate Name

ANNA ESHOO

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5485

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ANNA ESHOO FOR CONGRESS

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
ERMK: BARBARA WILSON

Candidate Name

ANNA ESHOO

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5495

Amount of Each Disbursement this Period

10.00

Memo Item

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

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

20.00

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

Form/Schedule: SB23

Transaction ID : EXPB5476

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

Form/Schedule: SB23

Transaction ID: EXPB5485

ERMK: PATRICIA CARLTON-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: SB23

Transaction ID : EXPB5495

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. BEATTY FOR CONGRESS

Mailing Address PO BOX 172

City COLUMBUS State OH Zip Code 43216

Purpose of Disbursement
ERMK: CAROL MUKHOPADHYAY

Candidate Name
JOYCE BEATTY

Office Sought: House
 Senate
 President
State: OH District: 03

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5479

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BEATTY FOR CONGRESS

Mailing Address PO BOX 172

City COLUMBUS State OH Zip Code 43216

Purpose of Disbursement
ERMK: PATRICIA CARLTON

Candidate Name
JOYCE BEATTY

Office Sought: House
 Senate
 President
State: OH District: 03

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5488

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BEATTY FOR CONGRESS

Mailing Address PO BOX 172

City COLUMBUS State OH Zip Code 43216

Purpose of Disbursement
ERMK: BARBARA WILSON

Candidate Name
JOYCE BEATTY

Office Sought: House
 Senate
 President
State: OH District: 03

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5498

Amount of Each Disbursement this Period

10.00

Memo Item

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

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

20.00

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

Form/Schedule: SB23

Transaction ID : EXPB5479

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

Form/Schedule: SB23

Transaction ID: EXPB5488

ERMK: PATRICIA CARLTON-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: SB23

Transaction ID : EXPB5498

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. BONNIE WATSON COLEMAN FOR CONGRESS

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON, DC State DC Zip Code 20003

Purpose of Disbursement
ERMK: CAROL MUKHOPADHYAY

Candidate Name

BONNIE WATSON COLEMAN

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: NJ District: 12

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5478

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BONNIE WATSON COLEMAN FOR CONGRESS

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON, DC State DC Zip Code 20003

Purpose of Disbursement
ERMK: PATRICIA CARLTON

Candidate Name

BONNIE WATSON COLEMAN

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: NJ District: 12

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5487

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BONNIE WATSON COLEMAN FOR CONGRESS

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON, DC State DC Zip Code 20003

Purpose of Disbursement
ERMK: BARBARA WILSON

Candidate Name

BONNIE WATSON COLEMAN

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: NJ District: 12

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5497

Amount of Each Disbursement this Period

10.00

Memo Item

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

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

20.00

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

Form/Schedule: SB23

Transaction ID : EXPB5478

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

Form/Schedule: SB23

Transaction ID: EXPB5487

ERMK: PATRICIA CARLTON-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: SB23

Transaction ID : EXPB5497

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. CASTOR FOR CONGRESS

Mailing Address 301 W PLATT STREET, #385

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
ERMK: CAROL MUKHOPADHYAY

Candidate Name
KATHY CASTOR

Office Sought: House
 Senate
 President
State: FL District: 14

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5482

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CASTOR FOR CONGRESS

Mailing Address 301 W PLATT STREET, #385

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
ERMK: PATRICIA CARLTON

Candidate Name
KATHY CASTOR

Office Sought: House
 Senate
 President
State: FL District: 14

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5491

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CASTOR FOR CONGRESS

Mailing Address 301 W PLATT STREET, #385

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
ERMK: BARBARA WILSON

Candidate Name
KATHY CASTOR

Office Sought: House
 Senate
 President
State: FL District: 14

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5501

Amount of Each Disbursement this Period

10.00

Memo Item

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

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

20.00

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

Form/Schedule: SB23

Transaction ID : EXPB5482

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

Form/Schedule: SB23

Transaction ID: EXPB5491

ERMK: PATRICIA CARLTON-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: SB23

Transaction ID : EXPB5501

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. CASTOR FOR CONGRESS

Mailing Address 301 W PLATT STREET, #385

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
ERMK: LAURA HELFMAN

Candidate Name
KATHY CASTOR

Office Sought: House
 Senate
 President
State: FL District: 14

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : **EXPB5502**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CLARKE FOR CONGRESS

Mailing Address 111-36 200TH. STREET

City HOLLIS State NY Zip Code 11412

Purpose of Disbursement
ERMK: CAROL MUKHOPADHYAY

Candidate Name
YVETTE CLARK

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : **EXPB5480**

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CLARKE FOR CONGRESS

Mailing Address 111-36 200TH. STREET

City HOLLIS State NY Zip Code 11412

Purpose of Disbursement
ERMK: PATRICIA CARLTON

Candidate Name
YVETTE CLARK

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : **EXPB5489**

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: SB23

Transaction ID : EXPB5502

ERMK: LAURA HELFMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5480

ERMK: CAROL MUKHOPADHYAY-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: SB23

Transaction ID : EXPB5489

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. CLARKE FOR CONGRESS

Mailing Address 111-36 200TH. STREET

City State Zip Code
HOLLIS NY 11412

Purpose of Disbursement
ERMK: BARBARA WILSON

Candidate Name
YVETTE CLARK

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5499

Amount of Each Disbursement this Period

10.00

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: JOANNE GURICK

Candidate Name
DEBORAH ROSS

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5428

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: MELINDA OEHMSEN

Candidate Name
DEBORAH ROSS

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5434

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

20.00

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

Form/Schedule: SB23

Transaction ID : EXPB5499

ERMK: BARBARA WILSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5428

ERMK: JOANNE GURICK-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: SB23

Transaction ID : EXPB5434

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. DEBORAH ROSS FOR SENATE		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address PO BOX 28258		Transaction ID : EXPB5440
City RALEIGH	State NC	
Purpose of Disbursement ERMK: THOMAS SHCHERBENKO		Amount of Each Disbursement this Period 5.00
Candidate Name DEBORAH ROSS		<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: NC	District:	

Full Name (Last, First, Middle Initial) B. DEBORAH ROSS FOR SENATE		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address PO BOX 28258		Transaction ID : EXPB5446
City RALEIGH	State NC	
Purpose of Disbursement ERMK: HEATHER BECHARD		Amount of Each Disbursement this Period 5.00
Candidate Name DEBORAH ROSS		<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: NC	District:	

Full Name (Last, First, Middle Initial) C. DEBORAH ROSS FOR SENATE		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address PO BOX 28258		Transaction ID : EXPB5452
City RALEIGH	State NC	
Purpose of Disbursement ERMK: JODY KANIKULA		Amount of Each Disbursement this Period 10.00
Candidate Name DEBORAH ROSS		<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: NC	District:	

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: SB23

Transaction ID : EXPB5440

ERMK: THOMAS SHCHERBENKO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5446

ERMK: HEATHER BECHARD-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: SB23

Transaction ID : EXPB5452

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

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NAME OF COMMITTEE (In Full)
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: THERESA RADER-WILSON

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
06 / 30 / 2016

Transaction ID : EXPB5454

Amount of Each Disbursement this Period

20.00

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: MARIANNE KRANZ

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
06 / 30 / 2016

Transaction ID : EXPB5464

Amount of Each Disbursement this Period

10.00

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: SOPHIA YEN

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
06 / 30 / 2016

Transaction ID : EXPB5470

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)..... ▶

45.00

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

Form/Schedule: SB23

Transaction ID : EXPB5454

ERMK: THERESA RADER-WILSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5464

ERMK: MARIANNE KRANZ-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: SB23

Transaction ID : EXPB5470

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ROSA DELAURO

Mailing Address 129 CHURCH ST, STE 818

City NEW HAVEN State CT Zip Code 6510

Purpose of Disbursement
ERMK: CAROL MUKHOPADHYAY

Candidate Name
ROSA DELAURO

Office Sought: House Senate President
State: CT District: 03

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5477

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ROSA DELAURO

Mailing Address 129 CHURCH ST, STE 818

City NEW HAVEN State CT Zip Code 6510

Purpose of Disbursement
ERMK: PATRICIA CARLTON

Candidate Name
ROSA DELAURO

Office Sought: House Senate President
State: CT District: 03

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5486

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ROSA DELAURO

Mailing Address 129 CHURCH ST, STE 818

City NEW HAVEN State CT Zip Code 6510

Purpose of Disbursement
ERMK: BARBARA WILSON

Candidate Name
ROSA DELAURO

Office Sought: House Senate President
State: CT District: 03

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5496

Amount of Each Disbursement this Period

10.00

Memo Item

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

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

20.00

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

Form/Schedule: SB23

Transaction ID : EXPB5477

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

Form/Schedule: SB23

Transaction ID: EXPB5486

ERMK: PATRICIA CARLTON-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: SB23

Transaction ID : EXPB5496

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

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NAME OF COMMITTEE (In Full)
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: THERESA RADER-WILSON

Candidate Name
HILLARY RODHAM CLINTON

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

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5459

Amount of Each Disbursement this Period

100.00

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

Purpose of Disbursement
ERMK: PATRICIA CARLTON

Candidate Name
HILLARY RODHAM CLINTON

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

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5492

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KATHERINE CLARK FOR CONGRESS

Mailing Address PO BOX 361

City State Zip Code
MALDEN MA 2148

Purpose of Disbursement
ERMK: CAROL MUKHOPADHYAY

Candidate Name
KATHERINE CLARK

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: MA District: 05

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5475

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)..... ▶

110.00

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

Form/Schedule: SB23

Transaction ID : EXPB5459

ERMK: THERESA RADER-WILSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5492

ERMK: PATRICIA CARLTON-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: SB23

Transaction ID : EXPB5475

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KATHERINE CLARK FOR CONGRESS

Mailing Address PO BOX 361

City MALDEN State MA Zip Code 2148

Purpose of Disbursement
ERMK: PATRICIA CARLTON

Candidate Name
KATHERINE CLARK

Office Sought: House
 Senate
 President
State: MA District: 05

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5484

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KATHERINE CLARK FOR CONGRESS

Mailing Address PO BOX 361

City MALDEN State MA Zip Code 2148

Purpose of Disbursement
ERMK: BARBARA WILSON

Candidate Name
KATHERINE CLARK

Office Sought: House
 Senate
 President
State: MA District: 05

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5494

Amount of Each Disbursement this Period

10.00

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: JOANNE GURICK

Candidate Name
KATHLEEN 'KATIE' MCGINTY

Office Sought: House
 Senate
 President
State: PA District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5426

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

20.00

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

Form/Schedule: SB23

Transaction ID : EXPB5484

ERMK: PATRICIA CARLTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5494

ERMK: BARBARA WILSON-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: SB23

Transaction ID : EXPB5426

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

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NAME OF COMMITTEE (In Full)
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: MELINDA OEHMSEN

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
06 / 30 / 2016

Transaction ID : EXPB5433

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: THOMAS SHCHERBENKO

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
06 / 30 / 2016

Transaction ID : EXPB5438

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: HEATHER BECHARD

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
06 / 30 / 2016

Transaction ID : EXPB5444

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: SB23

Transaction ID : EXPB5433

ERMK: MELINDA OEHMSEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5438

ERMK: THOMAS SHCHERBENKO-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: SB23

Transaction ID : EXPB5444

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

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NAME OF COMMITTEE (In Full)
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: JODY KANIKULA

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
06 / 30 / 2016

Transaction ID : EXPB5450

Amount of Each Disbursement this Period

10.00

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: THERESA RADER-WILSON

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
06 / 30 / 2016

Transaction ID : EXPB5456

Amount of Each Disbursement this Period

20.00

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: MARIANNE KRANZ

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
06 / 30 / 2016

Transaction ID : EXPB5462

Amount of Each Disbursement this Period

10.00

Memo Item

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

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

40.00

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

Form/Schedule: SB23

Transaction ID : EXPB5450

ERMK: JODY KANIKULA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5456

ERMK: THERESA RADER-WILSON-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: SB23

Transaction ID : EXPB5462

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

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NAME OF COMMITTEE (In Full)
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: SOPHIA YEN

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
06 / 30 / 2016

Transaction ID : EXPB5468

Amount of Each Disbursement this Period

15.00

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: JOANNE GURICK

Candidate Name
ANN KIRKPATRICK

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

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5424

Amount of Each Disbursement this Period

5.00

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: MELINDA OEHMSEN

Candidate Name
ANN KIRKPATRICK

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

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5430

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 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : EXPB5468

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

Form/Schedule: SB23

Transaction ID: EXPB5424

ERMK: JOANNE GURICK-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: SB23

Transaction ID : EXPB5430

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

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NAME OF COMMITTEE (In Full)
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: THOMAS SHCHERBENKO

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5436

Amount of Each Disbursement this Period

5.00

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: HEATHER BECHARD

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5442

Amount of Each Disbursement this Period

5.00

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: JODY KANIKULA

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5448

Amount of Each Disbursement this Period

10.00

Memo Item

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

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

20.00

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

Form/Schedule: SB23

Transaction ID : EXPB5436

ERMK: THOMAS SHCHERBENKO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5442

ERMK: HEATHER BECHARD-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: SB23

Transaction ID : EXPB5448

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

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NAME OF COMMITTEE (In Full)
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: THERESA RADER-WILSON

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5458

Amount of Each Disbursement this Period

20.00

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: MARIANNE KRANZ

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5460

Amount of Each Disbursement this Period

10.00

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: SOPHIA YEN

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5466

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)..... ▶

45.00

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

Form/Schedule: SB23

Transaction ID : EXPB5458

ERMK: THERESA RADER-WILSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5460

ERMK: MARIANNE KRANZ-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: SB23

Transaction ID : EXPB5466

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

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NAME OF COMMITTEE (In Full)
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: SUZI ALEXANDER

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : EXPB5472

Amount of Each Disbursement this Period

1000.00

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: BETSY COTTON

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : EXPB5473

Amount of Each Disbursement this Period

1000.00

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: JEANNE SANSBURY BELL

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
06 / 30 / 2016

Transaction ID : EXPB5423

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

2005.00

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

Form/Schedule: SB23

Transaction ID : EXPB5472

ERMK: SUZI ALEXANDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5473

ERMK: BETSY COTTON-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: SB23

Transaction ID : EXPB5423

ERMK: JEANNE SANSBURY BELL-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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. MAGGIE FOR NH		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address P.O. BOX 298		Transaction ID : EXPB5427
City CONCORD	State NH	
Purpose of Disbursement ERMK: JOANNE GURICK		Amount of Each Disbursement this Period 5.00
Candidate Name MAGGIE HASSAN		<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: NH	District:	

Full Name (Last, First, Middle Initial) B. MAGGIE FOR NH		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address P.O. BOX 298		Transaction ID : EXPB5432
City CONCORD	State NH	
Purpose of Disbursement ERMK: MELINDA OEHMSEN		Amount of Each Disbursement this Period 5.00
Candidate Name MAGGIE HASSAN		<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: NH	District:	

Full Name (Last, First, Middle Initial) C. MAGGIE FOR NH		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address P.O. BOX 298		Transaction ID : EXPB5439
City CONCORD	State NH	
Purpose of Disbursement ERMK: THOMAS SHCHERBENKO		Amount of Each Disbursement this Period 5.00
Candidate Name MAGGIE HASSAN		<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: NH	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: SB23

Transaction ID : EXPB5427

ERMK: JOANNE GURICK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5432

ERMK: MELINDA OEHMSEN-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: SB23

Transaction ID : EXPB5439

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

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NAME OF COMMITTEE (In Full)
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: HEATHER BECHARD

Candidate Name
MAGGIE HASSAN

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5445

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 State Zip Code
CONCORD NH 3302

Purpose of Disbursement
ERMK: JODY KANIKULA

Candidate Name
MAGGIE HASSAN

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5451

Amount of Each Disbursement this Period

10.00

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: THERESA RADER-WILSON

Candidate Name
MAGGIE HASSAN

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5455

Amount of Each Disbursement this Period

20.00

Memo Item

SUBTOTAL of Disbursements 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: SB23

Transaction ID : EXPB5445

ERMK: HEATHER BECHARD-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5451

ERMK: JODY KANIKULA-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: SB23

Transaction ID : EXPB5455

ERMK: THERESA RADER-WILSON-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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. MAGGIE FOR NH			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address P.O. BOX 298			Transaction ID : EXPB5463 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Memo Item
City CONCORD	State NH	Zip Code 3302	
Purpose of Disbursement ERMK: MARIANNE KRANZ		Category/ Type	
Candidate Name MAGGIE HASSAN			
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: NH	District:		

Full Name (Last, First, Middle Initial) B. MAGGIE FOR NH			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address P.O. BOX 298			Transaction ID : EXPB5469 Amount of Each Disbursement this Period 15.00 <input type="checkbox"/> Memo Item
City CONCORD	State NH	Zip Code 3302	
Purpose of Disbursement ERMK: SOPHIA YEN		Category/ Type	
Candidate Name MAGGIE HASSAN			
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: NH	District:		

Full Name (Last, First, Middle Initial) C. PATTY JUDGE FOR IOWA			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 321 E WALNUT ST SUITE 201			Transaction ID : EXPB5429 Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Memo Item
City DES MOINES	State IA	Zip Code 50309	
Purpose of Disbursement ERMK: JOANNE GURICK		Category/ Type	
Candidate Name PATTY JUDGE			
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: IA	District:		

SUBTOTAL of Disbursements 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: SB23

Transaction ID : EXPB5463

ERMK: MARIANNE KRANZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5469

ERMK: SOPHIA YEN-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: SB23

Transaction ID : EXPB5429

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. PATTY JUDGE FOR IOWA

Mailing Address 321 E WALNUT ST SUITE 201

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement
ERMK: MELINDA OEHMSEN

Candidate Name
PATTY JUDGE

Office Sought: House
 Senate
 President
State: IA District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5435

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PATTY JUDGE FOR IOWA

Mailing Address 321 E WALNUT ST SUITE 201

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement
ERMK: THOMAS SHCHERBENKO

Candidate Name
PATTY JUDGE

Office Sought: House
 Senate
 President
State: IA District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5441

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PATTY JUDGE FOR IOWA

Mailing Address 321 E WALNUT ST SUITE 201

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement
ERMK: HEATHER BECHARD

Candidate Name
PATTY JUDGE

Office Sought: House
 Senate
 President
State: IA District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5447

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: SB23

Transaction ID : EXPB5435

ERMK: MELINDA OEHMSEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5441

ERMK: THOMAS SHCHERBENKO-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: SB23

Transaction ID : EXPB5447

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. PATTY JUDGE FOR IOWA

Mailing Address 321 E WALNUT ST SUITE 201

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement
ERMK: JODY KANIKULA

Candidate Name
PATTY JUDGE

Office Sought: House
 Senate
 President
State: IA District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5453

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PATTY JUDGE FOR IOWA

Mailing Address 321 E WALNUT ST SUITE 201

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement
ERMK: MARIANNE KRANZ

Candidate Name
PATTY JUDGE

Office Sought: House
 Senate
 President
State: IA District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5465

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PATTY JUDGE FOR IOWA

Mailing Address 321 E WALNUT ST SUITE 201

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement
ERMK: SOPHIA YEN

Candidate Name
PATTY JUDGE

Office Sought: House
 Senate
 President
State: IA District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5471

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)..... ▶

35.00

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

Form/Schedule: SB23

Transaction ID : EXPB5453

ERMK: JODY KANIKULA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5465

ERMK: MARIANNE KRANZ-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: SB23

Transaction ID : EXPB5471

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement
ERMK: CAROL MUKHOPADHYAY

Candidate Name
JAN SCHAKOWSKY

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

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5481

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement
ERMK: PATRICIA CARLTON

Candidate Name
JAN SCHAKOWSKY

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

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5490

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement
ERMK: BARBARA WILSON

Candidate Name
JAN SCHAKOWSKY

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

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5500

Amount of Each Disbursement this Period

10.00

Memo Item

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

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

20.00

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

Form/Schedule: SB23

Transaction ID : EXPB5481

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

Form/Schedule: SB23

Transaction ID: EXPB5490

ERMK: PATRICIA CARLTON-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: SB23

Transaction ID : EXPB5500

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement
ERMK: LAURA HELFMAN

Candidate Name
JAN SCHAKOWSKY

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

State: IL District: 09

Date of Disbursement: MM / DD / YYYY
06 / 30 / 2016

Transaction ID : **EXPB5503**

Amount of Each Disbursement this Period: 25.00

Memo Item

Full Name (Last, First, Middle Initial)
B. SHEILA JACKSON LEE FOR CONGRESS

Mailing Address 4412 ALMEDA ROAD

City HOUSTON State TX Zip Code 77004

Purpose of Disbursement
ERMK: CAROL MUKHOPADHYAY

Candidate Name
SHEILA JACKSON LEE

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

State: TX District: 18

Date of Disbursement: MM / DD / YYYY
06 / 30 / 2016

Transaction ID : **EXPB5474**

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. SHEILA JACKSON LEE FOR CONGRESS

Mailing Address 4412 ALMEDA ROAD

City HOUSTON State TX Zip Code 77004

Purpose of Disbursement
ERMK: PATRICIA CARLTON

Candidate Name
SHEILA JACKSON LEE

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

State: TX District: 18

Date of Disbursement: MM / DD / YYYY
06 / 30 / 2016

Transaction ID : **EXPB5483**

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements 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: SB23

Transaction ID : EXPB5503

ERMK: LAURA HELFMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5474

ERMK: CAROL MUKHOPADHYAY-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: SB23

Transaction ID : EXPB5483

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. SHEILA JACKSON LEE FOR CONGRESS

Mailing Address 4412 ALMEDA ROAD

City HOUSTON State TX Zip Code 77004

Purpose of Disbursement
ERMK: BARBARA WILSON

Candidate Name
SHEILA JACKSON LEE

Office Sought: House Senate President
State: TX District: 18
Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5493

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TAMMY FOR ILLINOIS

Mailing Address P.O. BOX 59568

City SCHAUMBURG State IL Zip Code 60159

Purpose of Disbursement
ERMK: JOANNE GURICK

Candidate Name
TAMMY DUCKWORTH

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

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5425

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 SCHAUMBURG State IL Zip Code 60159

Purpose of Disbursement
ERMK: MELINDA OEHMSEN

Candidate Name
TAMMY DUCKWORTH

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

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5431

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

20.00

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

Form/Schedule: SB23

Transaction ID : EXPB5493

ERMK: BARBARA WILSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5425

ERMK: JOANNE GURICK-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: SB23

Transaction ID : EXPB5431

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

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NAME OF COMMITTEE (In Full)
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: THOMAS SHCHERBENKO

Candidate Name
TAMMY DUCKWORTH

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5437

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: HEATHER BECHARD

Candidate Name
TAMMY DUCKWORTH

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5443

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: JODY KANIKULA

Candidate Name
TAMMY DUCKWORTH

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5449

Amount of Each Disbursement this Period

10.00

Memo Item

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

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

20.00

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

Form/Schedule: SB23

Transaction ID : EXPB5437

ERMK: THOMAS SHCHERBENKO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5443

ERMK: HEATHER BECHARD-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: SB23

Transaction ID : EXPB5449

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

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NAME OF COMMITTEE (In Full)
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: THERESA RADER-WILSON

Candidate Name
TAMMY DUCKWORTH

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

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5457

Amount of Each Disbursement this Period

20.00

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: MARIANNE KRANZ

Candidate Name
TAMMY DUCKWORTH

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

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5461

Amount of Each Disbursement this Period

10.00

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: SOPHIA YEN

Candidate Name
TAMMY DUCKWORTH

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

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : EXPB5467

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)..... ▶

45.00

27815.00

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

Form/Schedule: SB23

Transaction ID : EXPB5457

ERMK: THERESA RADER-WILSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED.

Form/Schedule: SB23

Transaction ID: EXPB5461

ERMK: MARIANNE KRANZ-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: SB23

Transaction ID : EXPB5467

ERMK: SOPHIA YEN-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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. DONNA NORTON		Date of Disbursement MM / DD / YYYY 06 / 10 / 2016
Mailing Address 939 COTTRELL WAY		Transaction ID : EXPB4987
City STANFORD State CA Zip Code 94305	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement REFUND OF CONTRIBUTION RECEIVED 5/26/16	Category/Type 010	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 348 OF 349
	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 VIEW AVENUE GROUP	Nature of Debt (Purpose): COMPLIANCE/REPORTING
Mailing Address 393 7TH AVENUE, SUITE 301	
City State Zip Code SAN FRANCISCO CA 94118	

Outstanding Balance Beginning This Period 2400.98	Transaction ID : PAYD3915	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2400.98

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP	Nature of Debt (Purpose): COMPLIANCE/REPORTING
Mailing Address 393 7TH AVENUE, SUITE 301	
City State Zip Code SAN FRANCISCO CA 94118	

Outstanding Balance Beginning This Period 1921.47	Transaction ID : PAYD4072	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1921.47

1) SUBTOTALS This Period This Page (optional)..... ▶	5627.45
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 349 OF 349
	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 VIEW AVENUE GROUP	Nature of Debt (Purpose): COMPLIANCE/REPORTING
Mailing Address 393 7TH AVENUE, SUITE 301	
City State Zip Code SAN FRANCISCO CA 94118	

Outstanding Balance Beginning This Period 1470.00	Transaction ID : PAYD4441	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1470.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP	Nature of Debt (Purpose): COMPLIANCE/REPORTING
Mailing Address 393 7TH AVENUE, SUITE 301	
City State Zip Code SAN FRANCISCO CA 94118	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD5200	
Amount Incurred This Period 1182.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 1182.50

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)..... ▶	2652.50
2) TOTALS This Period (last page this line number only)..... ▶	8279.95
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) ▶	8279.95