

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **1050 17th St NW**  
**Suite 590**  
 Check if different than previously reported. (ACC) **Washington DC 20036**

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

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

5. Covering Period   /   /       through   /   /

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

Signature of Treasurer Dickstein Sudolsky, Marcia, , , [Electronically Filed] Date   /   /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Tri-State Maxed-Out Women**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text"/>	<input type="text" value="38938.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="72134.32"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="12001.40"/>	<input type="text" value="112511.35"/>
(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="84135.72"/>	<input type="text" value="151450.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32162.12"/>	<input type="text" value="99476.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="51973.60"/>	<input type="text" value="51973.60"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Tri-State Maxed-Out Women

Report Covering the Period: From: 09 / 01 / 2016 To: 09 / 30 / 2016

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).....	12000.00	107300.00
(ii) Unitemized .....	0.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12000.00	107500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	12000.00	112500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.40	11.35
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)).....▶	12001.40	112511.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12001.40	112511.35

**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 .....	4662.12	30976.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4662.12	30976.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27500.00	68500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32162.12	99476.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32162.12	99476.40

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12000.00	112500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12000.00	112500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4662.12	30976.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4662.12	30976.40

**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 16
<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)  
**Tri-State Maxed-Out Women**

**A. Bascom, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 West 81st Street, Apt. 13B  
 City New York State NY Zip Code 10024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.5913**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**B. Breslow, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Hubert St  
 City New York State NY Zip Code 10013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Schulte Roth & Zabel, LLP Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.5878**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**C. Chesler, Ellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 West 72nd Street  
 City New York State NY Zip Code 10023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Roosevelt Institute Occupation (for Individual) Senior Follow  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : SA11AI.5892**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Coleman, Lois, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1136 Fifth Ave  
 3B  
 City New York State NY Zip Code 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : SA11AI.5879**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**B. Gersh, Hollis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Woodland Dr  
 City Huntington State NY Zip Code 11743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gersh Property Management Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 20 / 2016  
**Transaction ID : SA11AI.5901**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**C. Kagan, Sarah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 Brewster Road  
 City Scarsdale State NY Zip Code 10583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) No Employer Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 22 / 2016  
**Transaction ID : SA11AI.5963**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Lowenstein, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1025 5th Ave  
 City New York State NY Zip Code 10028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lowenstein Associates Occupation (for Individual) Literary Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.5882**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**B. Mandle, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 East 88th Street  
 City New York State NY Zip Code 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : SA11AI.5881**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**C. Mayer, Meera, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1185 Park Ave Apt 16G  
 City New York State NY Zip Code 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Morgan Stanley Occupation (for Individual) Investments  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : SA11AI.5905**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

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



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

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

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

**A. Minard, Sally, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 133 East 62nd Street  
 City New York State NY Zip Code 10065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Franklin D Roosevelt Freedoms Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : SA11AI.5904**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**B. Snedeker, Frances, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Linden Ave  
 City Larchmont State NY Zip Code 10538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 20 / 2016  
**Transaction ID : SA11AI.5902**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**C. Ubelhart, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 West End Avenue, Apt. 7A  
 City New York State NY Zip Code 10025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bloomberg LP Occupation (for Individual) Financial Analyst  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 12 / 2016  
**Transaction ID : SA11AI.5883**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	12000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

### A. American Express

Mailing Address PO Box 360001

City  
Fort Lauderdale

State  
FL

Zip Code  
33336-0001

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	6

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5964**

Amount of Each Disbursement this Period

[REDACTED] 7.95

Memo Item

Full Name (Last, First, Middle Initial)

### B. American Express

Mailing Address PO Box 360001

City  
Fort Lauderdale

State  
FL

Zip Code  
33336-0001

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	6

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5966**

Amount of Each Disbursement this Period

[REDACTED] 87.15

Memo Item

Full Name (Last, First, Middle Initial)

### C. Chase Paymentech

Mailing Address PO Box 659754

City  
San Antonio

State  
TX

Zip Code  
78265-8632

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	6

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5965**

Amount of Each Disbursement this Period

[REDACTED] 141.86

Memo Item

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

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

[REDACTED] 236.96

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

Mailing Address 131 East 93rd St Ste 1CD

City New York State NY Zip Code 10128

Purpose of Disbursement PAC Event Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 06 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5968

Amount of Each Disbursement this Period: 215.00

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 131 East 93rd St Ste 1CD

City New York State NY Zip Code 10128

Purpose of Disbursement PAC Event Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5969

Amount of Each Disbursement this Period: 350.00

Memo Item

**C. Gibson, Dunn & Crutcher, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 Connecticut Ave NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement Event Catering Advance Payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5958

Amount of Each Disbursement this Period: 1260.57

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1825.57

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1050 17th St NW Ste 590

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement  
PAC Accounting Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	6

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5951**

Amount of Each Disbursement this Period

[REDACTED] 600.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stanton, James, , ,**

Mailing Address 235 East 22nd Street  
#15HI

City  
New York

State  
NY

Zip Code  
10010

Purpose of Disbursement  
Graphic Design

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5952**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sudolsky, Marcia D., , ,**

Mailing Address 131 East 93rd Street Apt 10D

City  
New York

State  
NY

Zip Code  
10128

Purpose of Disbursement  
PAC Administrative Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	6

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5954**

Amount of Each Disbursement this Period

[REDACTED] 1250.00

Memo Item

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

[REDACTED] 2350.00

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

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Sudolsky, Marcia D., , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
09 / 14 / 2016

Mailing Address: 131 East 93rd Street Apt 10D

City: New York State: NY Zip Code: 10128

Purpose of Disbursement: Reimbursement

Candidate Name: [ ]

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District: [ ]

FEC Identification Number: C [ ]

Transaction ID : SB21B.5953

Amount of Each Disbursement this Period: [ ] 124.59

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name [ ]

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District: [ ]

FEC Identification Number: C [ ]

Amount of Each Disbursement this Period: [ ]

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name [ ]

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District: [ ]

FEC Identification Number: C [ ]

Amount of Each Disbursement this Period: [ ]

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 124.59
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 4537.12

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. BARRAGAN FOR CONGRESS**

Mailing Address 1840 SOUTH GAFFEY STREET #421

City SAN PEDRO State CA Zip Code 90731

Purpose of Disbursement Contribution

Candidate Name **BARRAGAN, NANETTE, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 44

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

FEC Identification Number

**C** C00577353

**Transaction ID : SB23.5908**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAIN FOR CONGRESS**

Mailing Address P.O. BOX 1523

City BANGOR State ME Zip Code 04402

Purpose of Disbursement Contribution

Candidate Name **CAIN, EMILY ANN, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: ME District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

FEC Identification Number

**C** C00546077

**Transaction ID : SB23.5909**

Amount of Each Disbursement this Period

2500.00

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 Contribution

Candidate Name **DEACON, COLLEEN, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NY District: 24

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2016

FEC Identification Number

**C** C00588483

**Transaction ID : SB23.5935**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF ANNA THRONE-HOLST**

Mailing Address PO BOX 6

City  
SOUTHAMPTON

State  
NY

Zip Code  
11969

Purpose of Disbursement  
Contribution

Candidate Name

**THRONE-HOLST, ANNA, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2016

FEC Identification Number

**C** C00578401

**Transaction ID : SB23.5940**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kim Myers for Congress**

Mailing Address PO Box 1255

City  
Vestal

State  
NY

Zip Code  
13851

Purpose of Disbursement  
Contribution

Candidate Name

**Myers, Kim, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: NY District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2016

FEC Identification Number

**C** C00610642

**Transaction ID : SB23.5945**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MAGGIE FOR NH**

Mailing Address PO BOX 298

City  
CONCORD

State  
NH

Zip Code  
03302

Purpose of Disbursement  
Contribution

Candidate Name

**HASSAN, MARGARET WOOD, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2016

FEC Identification Number

**C** C00588772

**Transaction ID : SB23.5907**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

10000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. PATTY JUDGE FOR IOWA**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address PO BOX 5197

FEC Identification Number

**C** C00612473

**Transaction ID : SB23.5910**

Amount of Each Disbursement this Period

5000.00

Memo Item

City DES MOINES State IA Zip Code 50305

Purpose of Disbursement  
Contribution

Category/Type

Candidate Name  
**JUDGE, PATTY JEAN, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IA District: 00

Full Name (Last, First, Middle Initial)  
**B. PEOPLE FOR PATTY MURRAY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Mailing Address PO BOX 3662

FEC Identification Number

**C** C00257642

**Transaction ID : SB23.5933**

Amount of Each Disbursement this Period

5000.00

Memo Item

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement  
Contribution

Category/Type

Candidate Name  
**MURRAY, PATTY, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WA District: 00

Full Name (Last, First, Middle Initial)  
**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

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

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

10000.00

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

27500.00