

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

WOMENCOUNT PAC

ADDRESS (number and street)

393 7TH AVENUE, SUITE 301

Check if different  
than previously  
reported. (ACC)

SAN FRANCISCO

CA

94118

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00450098

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☒ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

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

Election on

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

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

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

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
03 01 2017

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2017

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

Mason, Stacy, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Mason, Stacy, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 18 2017

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOMENCOUNT PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
03		01		2017

To:

M M	/	D D	/	Y Y Y Y Y
03		31		2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2017</td></tr></table>	Y	Y	Y	Y	Y	2017						<table><tr><td colspan="5">4706.06</td></tr></table>	4706.06				
Y	Y	Y	Y	Y													
2017																	
4706.06																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">10126.55</td></tr></table>	10126.55															
10126.55																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">49581.00</td></tr></table>	49581.00					<table><tr><td colspan="5">127639.64</td></tr></table>	127639.64									
49581.00																	
127639.64																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">59707.55</td></tr></table>	59707.55					<table><tr><td colspan="5">132345.70</td></tr></table>	132345.70									
59707.55																	
132345.70																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">49631.01</td></tr></table>	49631.01					<table><tr><td colspan="5">122269.16</td></tr></table>	122269.16									
49631.01																	
122269.16																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">10076.54</td></tr></table>	10076.54					<table><tr><td colspan="5">10076.54</td></tr></table>	10076.54									
10076.54																	
10076.54																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">10715.74</td></tr></table>	10715.74															
10715.74																	



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

## For further information contact:

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

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

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

WOMENCOUNT PAC

Report Covering the Period:

From:

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

To:

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

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).....	47680.00	122904.20
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii).....▶	47680.00	122904.20
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees		
(such as PACs).....	1901.00	4721.04
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5) .....	49581.00	127625.24
12. Transfers From Affiliated/Other		
Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees.....	0.00	0.00
17. Other Federal Receipts		
(Dividends, Interest, etc.).....	0.00	14.40
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)) .....	49581.00	127639.64
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19) .....	49581.00	127639.64

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2106.01	4247.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2106.01	4247.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47525.00	118011.20
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	10.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.60
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	10.60
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)) ..	49631.01	122269.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49631.01	122269.16

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	49581.00	127625.24
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	10.60
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49581.00	127614.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2106.01	4247.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2106.01	4247.36

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

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

FOR LINE NUMBER: PAGE 6 OF 142

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

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

**A. ALEXANDER, SUZI, , ,**

Mailing Address 461 2ND STREET T660

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ROBBINS GELLER

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2017

**Transaction ID : INCA11393**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

**B. HELMLINGER, ROBYN, , ,**

Mailing Address 307 SCOTT ST.

City  
SAN FRANCISCO

State  
CA

Zip Code  
94117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SQUIRE PATTON BOGGS

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

**Transaction ID : INCA11392**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

**C. KANG, JAN, , ,**

Mailing Address 40 FAY AVENUE

City  
SAN CARLOS

State  
CA

Zip Code  
94070

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BROMIUM, INC.

Occupation (for Individual)  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

**Transaction ID : INCA11391**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 7 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. HITZ, ANNE, , ,

Mailing Address 123 KENT RD.

City  
PACIFICAState  
CAZip Code  
94044FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ANNE EVERS COMMUNICATIONSOccupation (for Individual)  
EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : INCA11390

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

B. SPEISER, JESSICA, , ,

Mailing Address 781 PARMA WAY

City  
LOS ALTOSState  
CAZip Code  
94024FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 05 / 2017

Transaction ID : INCA12042

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. SPEISER, JESSICA, , ,

Mailing Address 781 PARMA WAY

City  
LOS ALTOSState  
CAZip Code  
94024FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 05 / 2017

Transaction ID : INCA12041

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

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

2005.00

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

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

FOR LINE NUMBER: PAGE 8 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. FRAHN, ANNE, , ,

Mailing Address 1125 UNIVERSITY AVENUE

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2017

Transaction ID : INCA12044

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

B. SCOTT, AMANDA, , ,

Mailing Address 66 ALVARADO RD

City

BERKELEY

State

CA

Zip Code

94705

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CORE POWER YOGA

Occupation (for Individual)

YOGA TEACHER, HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2017

Transaction ID : INCA12043

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

C. BEHRMAN, ANDREA, , ,

Mailing Address 4021 BROWNLEE ROAD

City

LOUISVILLE

State

KY

Zip Code

40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF LOUISVILLE

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12050

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: FRIENDS OF MARIA

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

2010.00

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 PageFOR LINE NUMBER: PAGE 9 OF 142  
(check only one)

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

**WOMENCOUNT PAC**

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

**A. BEHRMAN, ANDREA, , ,**

Mailing Address 4021 BROWNLEE ROAD

City  
LOUISVILLEState  
KYZip Code  
40207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF LOUISVILLEOccupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M	D D	Y Y Y Y
03	07	2017

Transaction ID : INCA12045

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

**B. BEHRMAN, ANDREA, , ,**

Mailing Address 4021 BROWNLEE ROAD

City  
LOUISVILLEState  
KYZip Code  
40207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF LOUISVILLEOccupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M	D D	Y Y Y Y
03	07	2017

Transaction ID : INCA12051

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

**C. BEHRMAN, ANDREA, , ,**

Mailing Address 4021 BROWNLEE ROAD

City  
LOUISVILLEState  
KYZip Code  
40207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF LOUISVILLEOccupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M	D D	Y Y Y Y
03	07	2017

Transaction ID : INCA12046

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: FEINSTEIN FOR SENATE 2018

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 10 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. BEHRMAN, ANDREA, , ,

Mailing Address 4021 BROWNLEE ROAD

City  
LOUISVILLE

State  
KY

Zip Code  
40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF LOUISVILLE

Occupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12048

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: KLOBUCHAR FOR MINNESOTA

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

B. BEHRMAN, ANDREA, , ,

Mailing Address 4021 BROWNLEE ROAD

City  
LOUISVILLE

State  
KY

Zip Code  
40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF LOUISVILLE

Occupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12052

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: FRIENDS OF MAZIE HIRONO

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

C. BEHRMAN, ANDREA, , ,

Mailing Address 4021 BROWNLEE ROAD

City  
LOUISVILLE

State  
KY

Zip Code  
40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF LOUISVILLE

Occupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12047

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: GILLIBRAND FOR SENATE

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 11 OF 142

(check only one)

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

WOMENCOUNT PAC

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

A. BEHRMAN, ANDREA, , ,

Mailing Address 4021 BROWNLEE ROAD

City  
LOUISVILLEState  
KYZip Code  
40207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF LOUISVILLEOccupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12049

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: STABENOW FOR US SENATE

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

B. BEHRMAN, ANDREA, , ,

Mailing Address 4021 BROWNLEE ROAD

City  
LOUISVILLEState  
KYZip Code  
40207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF LOUISVILLEOccupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12055

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. BEHRMAN, ANDREA, , ,

Mailing Address 4021 BROWNLEE ROAD

City  
LOUISVILLEState  
KYZip Code  
40207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF LOUISVILLEOccupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12054

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: TAMMY BALDWIN FOR SENATE

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 12 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. BEHRMAN, ANDREA, , ,

Mailing Address 4021 BROWNLEE ROAD

City  
LOUISVILLEState  
KYZip Code  
40207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF LOUISVILLEOccupation (for Individual)  
PROFESSOR

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  
03 / 07 / 2017

Transaction ID : INCA12053

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: HEIDI FOR SENATE

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

B. BROWN, CAROL, , ,

Mailing Address 42 MAGZINE STREET

City  
CAMBRIDGEState  
MAZip Code  
02139FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12073

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

C. BROWN, CAROL, , ,

Mailing Address 42 MAGZINE STREET

City  
CAMBRIDGEState  
MAZip Code  
02139FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12074

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FRIENDS OF MAZIE HIRONO

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: PAGE 13 OF 142

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. BROWN, CAROL, , ,

Mailing Address 42 MAGZINE STREET

City  
CAMBRIDGE

State  
MA

Zip Code  
02139

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12076

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: TAMMY BALDWIN FOR SENATE

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

B. BROWN, CAROL, , ,

Mailing Address 42 MAGZINE STREET

City  
CAMBRIDGE

State  
MA

Zip Code  
02139

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12075

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: HEIDI FOR SENATE

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

C. BROWN, CAROL, , ,

Mailing Address 42 MAGZINE STREET

City  
CAMBRIDGE

State  
MA

Zip Code  
02139

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12072

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FRIENDS OF MARIA

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)

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

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NAME OF COMMITTEE (In Full)  
**WOMENCOUNT PAC**

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

Mailing Address **42 MAGZINE STREET**

City  
**CAMBRIDGE**

State  
**MA**

Zip Code  
**02139**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**NONE**

Occupation (for Individual)  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**50.00**

Date of Receipt

**03 / 07 / 2017**

**Transaction ID : INCA12070**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**ERMK: KLOBUCHAR FOR MINNESOTA**

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

Mailing Address **42 MAGZINE STREET**

City  
**CAMBRIDGE**

State  
**MA**

Zip Code  
**02139**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**NONE**

Occupation (for Individual)  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**50.00**

Date of Receipt

**03 / 07 / 2017**

**Transaction ID : INCA12069**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**ERMK: GILLIBRAND FOR SENATE**

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

Mailing Address **42 MAGZINE STREET**

City  
**CAMBRIDGE**

State  
**MA**

Zip Code  
**02139**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**NONE**

Occupation (for Individual)  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**50.00**

Date of Receipt

**03 / 07 / 2017**

**Transaction ID : INCA12068**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**ERMK: FEINSTEIN FOR SENATE 2018**

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

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

**15.00**

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

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

FOR LINE NUMBER: PAGE 15 OF 142

(check only one)

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

WOMENCOUNT PAC

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

A. BROWN, CAROL, , ,

Mailing Address 42 MAGZINE STREET

City  
CAMBRIDGE

State  
MA

Zip Code  
02139

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12071

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: STABENOW FOR US SENATE

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

B. BROWN, CAROL, , ,

Mailing Address 42 MAGZINE STREET

City  
CAMBRIDGE

State  
MA

Zip Code  
02139

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12067

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

C. FRANCIS, KERRY, , ,

Mailing Address 5940 ESTATES DRIVE

City  
OAKLAND

State  
CA

Zip Code  
94611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DELOITTE

Occupation (for Individual)  
ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12077

Amount of Each Receipt this Period

500.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

510.00

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 16 OF 142

(check only one)

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

WOMENCOUNT PAC

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

A. FRENCH, PRISCILLA, , ,

Mailing Address 45 DRIFTWOOD LANE

City  
PORTSMOUTH

State  
NH

Zip Code  
03801

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
MUSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12079

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: FRIENDS OF ELIZABETH ESTY

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

B. FRENCH, PRISCILLA, , ,

Mailing Address 45 DRIFTWOOD LANE

City  
PORTSMOUTH

State  
NH

Zip Code  
03801

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
MUSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12086

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: TAMMY BALDWIN FOR SENATE

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

C. FRENCH, PRISCILLA, , ,

Mailing Address 45 DRIFTWOOD LANE

City  
PORTSMOUTH

State  
NH

Zip Code  
03801

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
MUSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12085

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: GILLIBRAND FOR SENATE

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

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. FRENCH, PRISCILLA, , ,

Mailing Address 45 DRIFTWOOD LANE

City  
PORTSMOUTHState  
NHZip Code  
03801FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12083

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: DEBBIE DINGELL FOR CONGRESS

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

B. FRENCH, PRISCILLA, , ,

Mailing Address 45 DRIFTWOOD LANE

City  
PORTSMOUTHState  
NHZip Code  
03801FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12084

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: ROBIN KELLY FOR CONGRESS

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

C. FRENCH, PRISCILLA, , ,

Mailing Address 45 DRIFTWOOD LANE

City  
PORTSMOUTHState  
NHZip Code  
03801FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12082

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: PAGE 18 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. FRENCH, PRISCILLA, , ,

Mailing Address 45 DRIFTWOOD LANE

City  
PORTSMOUTH

State  
NH

Zip Code  
03801

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
MUSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12081

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: MALONEY FOR CONGRESS

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

B. FRENCH, PRISCILLA, , ,

Mailing Address 45 DRIFTWOOD LANE

City  
PORTSMOUTH

State  
NH

Zip Code  
03801

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
MUSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12080

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: JACKIE SPEIER FOR CONGRESS

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

C. IMMASCHE, SONIA, , ,

Mailing Address 730 COTTONWOOD DRIVE

City  
FORT COLLINS

State  
CO

Zip Code  
80524

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

105.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12066

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

25.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. IMMASCHE, SONIA, , ,

Mailing Address 730 COTTONWOOD DRIVE

City  
FORT COLLINS

State  
CO

Zip Code  
80524

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12065

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: TAMMY BALDWIN FOR SENATE

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

B. IMMASCHE, SONIA, , ,

Mailing Address 730 COTTONWOOD DRIVE

City  
FORT COLLINS

State  
CO

Zip Code  
80524

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12063

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FRIENDS OF MAZIE HIRONO

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

C. IMMASCHE, SONIA, , ,

Mailing Address 730 COTTONWOOD DRIVE

City  
FORT COLLINS

State  
CO

Zip Code  
80524

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

105.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12057

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FEINSTEIN FOR SENATE 2018

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 20 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. IMMASCHE, SONIA, , ,

Mailing Address 730 COTTONWOOD DRIVE

City  
FORT COLLINS

State  
CO

Zip Code  
80524

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12058

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: GILLIBRAND FOR SENATE

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

B. IMMASCHE, SONIA, , ,

Mailing Address 730 COTTONWOOD DRIVE

City  
FORT COLLINS

State  
CO

Zip Code  
80524

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12064

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: HEIDI FOR SENATE

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

C. IMMASCHE, SONIA, , ,

Mailing Address 730 COTTONWOOD DRIVE

City  
FORT COLLINS

State  
CO

Zip Code  
80524

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

105.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12059

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: KLOBUCHAR FOR MINNESOTA

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 21 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. IMMASCHE, SONIA, , ,

Mailing Address 730 COTTONWOOD DRIVE

City  
FORT COLLINS

State  
CO

Zip Code  
80524

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12061

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FRIENDS OF MARIA

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

B. IMMASCHE, SONIA, , ,

Mailing Address 730 COTTONWOOD DRIVE

City  
FORT COLLINS

State  
CO

Zip Code  
80524

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12062

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

C. IMMASCHE, SONIA, , ,

Mailing Address 730 COTTONWOOD DRIVE

City  
FORT COLLINS

State  
CO

Zip Code  
80524

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

105.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12060

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: STABENOW FOR US 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 22 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. IMMASCHE, SONIA, , ,

Mailing Address 730 COTTONWOOD DRIVE

City  
FORT COLLINSState  
COZip Code  
80524FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12056

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. PRICE, CONNIE, , ,

Mailing Address 2999 PACIFIC AVENUE #5

City  
SAN FRANCISCOState  
CAZip Code  
94115FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : INCA12078

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

C. COHEN, TOD, , ,

Mailing Address 839 MELVILLE AVENUE

City  
PALO ALTOState  
CAZip Code  
94301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STUBHUBOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : INCA12114

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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 23 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. CRYSTAL FOSTER, CATHERINE, , ,

Mailing Address 1636 CHANNING AVENUE

City

PALO ALTO

State

CA

Zip Code

94303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

WESTLY FOUNDATION

Occupation (for Individual)

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID : INCA12112

Amount of Each Receipt this Period

500.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

B. DIBRIENZA, JENNIFER, , ,

Mailing Address 186 PARK AVE

City

PALO ALTO

State

CA

Zip Code

94306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED, SAME NAME

Occupation (for Individual)

EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : INCA12087

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

C. GENTA, VELMA, , ,

Mailing Address 1732 BENT TREE CIRCLE

City

FORT MYERS

State

FL

Zip Code

33907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID : INCA12104

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: STABENOW FOR US SENATE

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

1505.00

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

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

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

FOR LINE NUMBER: PAGE 24 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. GENTA, VELMA, , ,

Mailing Address 1732 BENT TREE CIRCLE

City

FORT MYERS

State

FL

Zip Code

33907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID : INCA12109

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: TAMMY BALDWIN FOR SENATE

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

B. GENTA, VELMA, , ,

Mailing Address 1732 BENT TREE CIRCLE

City

FORT MYERS

State

FL

Zip Code

33907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID : INCA12108

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: HEIDI FOR SENATE

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

C. GENTA, VELMA, , ,

Mailing Address 1732 BENT TREE CIRCLE

City

FORT MYERS

State

FL

Zip Code

33907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID : INCA12103

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: KLOBUCHAR FOR MINNESOTA

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 25 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

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

**A. GENTA, VELMA, , ,**

Mailing Address 1732 BENT TREE CIRCLE

City  
FORT MYERS

State  
FL

Zip Code  
33907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID : INCA12107

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FRIENDS OF MAZIE HIRONO

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

**B. GENTA, VELMA, , ,**

Mailing Address 1732 BENT TREE CIRCLE

City  
FORT MYERS

State  
FL

Zip Code  
33907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID : INCA12105

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FRIENDS OF MARIA

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

**C. GENTA, VELMA, , ,**

Mailing Address 1732 BENT TREE CIRCLE

City  
FORT MYERS

State  
FL

Zip Code  
33907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID : INCA12102

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: GILLIBRAND FOR SENATE

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 26 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. GENTA, VELMA, , ,

Mailing Address 1732 BENT TREE CIRCLE

City

FORT MYERS

State

FL

Zip Code

33907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID : INCA12106

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

B. GENTA, VELMA, , ,

Mailing Address 1732 BENT TREE CIRCLE

City

FORT MYERS

State

FL

Zip Code

33907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID : INCA12101

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FEINSTEIN FOR SENATE 2018

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

C. GENTA, VELMA, , ,

Mailing Address 1732 BENT TREE CIRCLE

City

FORT MYERS

State

FL

Zip Code

33907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID : INCA12100

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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 27 OF 142

(check only one)

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

WOMENCOUNT PAC

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

A. KAPLAN, GLICKA, , ,

Mailing Address 200 FW HARTFORD DRIVE

City  
PORTSMOUTHState  
NEZip Code  
03801FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

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

Transaction ID : INCA12113

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

B. ROYER, LYNNE, , ,

Mailing Address 2 HILLCREST DRIVE

City  
ORINDAState  
CAZip Code  
94563FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LOOMIS SAYLESOccupation (for Individual)  
PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : INCA12088

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

C. SIVAK, MIRIAM, , ,

Mailing Address 7920 NEW HOLLAND WAY

City  
BOYNTON BEACHState  
FLZip Code  
33437FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

55.00

Date of Receipt

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

Transaction ID : INCA12116

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FEINSTEIN FOR SENATE 2018

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

1065.00

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 28 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

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

**A. SIVAK, MIRIAM, , ,**

Mailing Address 7920 NEW HOLLAND WAY

City  
BOYNTON BEACH

State  
FL

Zip Code  
33437

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

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

Transaction ID : INCA12117

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: GILLIBRAND FOR SENATE

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

**B. SIVAK, MIRIAM, , ,**

Mailing Address 7920 NEW HOLLAND WAY

City  
BOYNTON BEACH

State  
FL

Zip Code  
33437

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

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

Transaction ID : INCA12118

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: KLOBUCHAR FOR MINNESOTA

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

**C. SIVAK, MIRIAM, , ,**

Mailing Address 7920 NEW HOLLAND WAY

City  
BOYNTON BEACH

State  
FL

Zip Code  
33437

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

55.00

Date of Receipt

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

Transaction ID : INCA12123

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: HEIDI FOR SENATE

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

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

15.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

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

**A. SIVAK, MIRIAM, , ,**

Mailing Address 7920 NEW HOLLAND WAY

City

BOYNTON BEACH

State

FL

Zip Code

33437

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

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

**Transaction ID : INCA12119**

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: STABENOW FOR US SENATE

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

**B. SIVAK, MIRIAM, , ,**

Mailing Address 7920 NEW HOLLAND WAY

City

BOYNTON BEACH

State

FL

Zip Code

33437

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

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

**Transaction ID : INCA12121**

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

**C. SIVAK, MIRIAM, , ,**

Mailing Address 7920 NEW HOLLAND WAY

City

BOYNTON BEACH

State

FL

Zip Code

33437

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

55.00

Date of Receipt

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

**Transaction ID : INCA12122**

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FRIENDS OF MAZIE HIRONO

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

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

15.00

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

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

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(check only one)

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

WOMENCOUNT PAC

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

A. SIVAK, MIRIAM, , ,

Mailing Address 7920 NEW HOLLAND WAY

City  
BOYNTON BEACH

State  
FL

Zip Code  
33437

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

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

Transaction ID : INCA12120

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FRIENDS OF MARIA

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

B. SIVAK, MIRIAM, , ,

Mailing Address 7920 NEW HOLLAND WAY

City  
BOYNTON BEACH

State  
FL

Zip Code  
33437

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

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

Transaction ID : INCA12111

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. SIVAK, MIRIAM, , ,

Mailing Address 7920 NEW HOLLAND WAY

City  
BOYNTON BEACH

State  
FL

Zip Code  
33437

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

55.00

Date of Receipt

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

Transaction ID : INCA12110

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: TAMMY BALDWIN 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

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

WOMENCOUNT PAC

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

A. SIVAK, MIRIAM, , ,

Mailing Address 7920 NEW HOLLAND WAY

City

BOYNTON BEACH

State

FL

Zip Code

33437

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

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

Transaction ID : INCA12115

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. SPRINGER, CONNIE F, , ,

Mailing Address 1642 NOREEN DRIVE

City

SAN JOSE

State

CA

Zip Code

95124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

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

Transaction ID : INCA12092

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: KLOBUCHAR FOR MINNESOTA

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

C. SPRINGER, CONNIE F, , ,

Mailing Address 1642 NOREEN DRIVE

City

SAN JOSE

State

CA

Zip Code

95124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

110.00

Date of Receipt

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

Transaction ID : INCA12098

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: TAMMY BALDWIN FOR SENATE

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

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(check only one)

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

WOMENCOUNT PAC

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

A. SPRINGER, CONNIE F, , ,

Mailing Address 1642 NOREEN DRIVE

City  
SAN JOSE

State  
CA

Zip Code  
95124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

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

Transaction ID : INCA12099

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. SPRINGER, CONNIE F, , ,

Mailing Address 1642 NOREEN DRIVE

City  
SAN JOSE

State  
CA

Zip Code  
95124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

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

Transaction ID : INCA12089

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

C. SPRINGER, CONNIE F, , ,

Mailing Address 1642 NOREEN DRIVE

City  
SAN JOSE

State  
CA

Zip Code  
95124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

110.00

Date of Receipt

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

Transaction ID : INCA12090

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: FEINSTEIN FOR SENATE 2018

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

WOMENCOUNT PAC

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

A. SPRINGER, CONNIE F, , ,

Mailing Address 1642 NOREEN DRIVE

City  
SAN JOSE

State  
CA

Zip Code  
95124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

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

Transaction ID : INCA12093

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: STABENOW FOR US SENATE

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

B. SPRINGER, CONNIE F, , ,

Mailing Address 1642 NOREEN DRIVE

City  
SAN JOSE

State  
CA

Zip Code  
95124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

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

Transaction ID : INCA12091

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: GILLIBRAND FOR SENATE

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

C. SPRINGER, CONNIE F, , ,

Mailing Address 1642 NOREEN DRIVE

City  
SAN JOSE

State  
CA

Zip Code  
95124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

110.00

Date of Receipt

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

Transaction ID : INCA12097

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: HEIDI FOR SENATE

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

30.00

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

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. SPRINGER, CONNIE F, , ,

Mailing Address 1642 NOREEN DRIVE

City  
SAN JOSE

State  
CA

Zip Code  
95124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

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

Transaction ID : INCA12095

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

B. SPRINGER, CONNIE F, , ,

Mailing Address 1642 NOREEN DRIVE

City  
SAN JOSE

State  
CA

Zip Code  
95124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

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

Transaction ID : INCA12096

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: FRIENDS OF MAZIE HIRONO

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

C. SPRINGER, CONNIE F, , ,

Mailing Address 1642 NOREEN DRIVE

City  
SAN JOSE

State  
CA

Zip Code  
95124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

110.00

Date of Receipt

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

Transaction ID : INCA12094

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: FRIENDS OF MARIA

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

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(check only one)

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

**WOMENCOUNT PAC**

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

**A. MASON, STACY, , ,**

Mailing Address 839 MELVILLE AVENUE

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

WOMENCOUNT

Occupation (for Individual)

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2017

Transaction ID : INCA12124

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

**B. ACKER-LYONS, ALEXANDRA, , ,**

Mailing Address 3349 WAVERLEY STREET

City

PALO ALTO

State

CA

Zip Code

94306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ELECTING WOMEN SILICON VALLEY

Occupation (for Individual)

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  
03 / 10 / 2017

Transaction ID : INCA12125

Amount of Each Receipt this Period

25.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

**C. BASS, ROBIN, , ,**

Mailing Address 3722 AVE J

City

BROOKLYN

State

NY

Zip Code

11210

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : INCA12138

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FEINSTEIN FOR SENATE 2018

**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: PAGE 36 OF 142

(check only one)

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

**WOMENCOUNT PAC**

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

**A. BASS, ROBIN, , ,**

Mailing Address 3722 AVE J

City  
BROOKLYN

State  
NY

Zip Code  
11210

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

**Transaction ID : INCA12139**

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: GILLIBRAND FOR SENATE

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

**B. BASS, ROBIN, , ,**

Mailing Address 3722 AVE J

City  
BROOKLYN

State  
NY

Zip Code  
11210

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

**Transaction ID : INCA12137**

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

**C. BASS, ROBIN, , ,**

Mailing Address 3722 AVE J

City  
BROOKLYN

State  
NY

Zip Code  
11210

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

**Transaction ID : INCA12140**

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: KLOBUCHAR FOR MINNESOTA

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 37 OF 142

(check only one)

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

**WOMENCOUNT PAC**

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

**A. BASS, ROBIN, , ,**

Mailing Address 3722 AVE J

City  
BROOKLYN

State  
NY

Zip Code  
11210

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : INCA12141

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: STABENOW FOR US SENATE

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

**B. BASS, ROBIN, , ,**

Mailing Address 3722 AVE J

City  
BROOKLYN

State  
NY

Zip Code  
11210

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : INCA12144

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FRIENDS OF MAZIE HIRONO

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

**C. BASS, ROBIN, , ,**

Mailing Address 3722 AVE J

City  
BROOKLYN

State  
NY

Zip Code  
11210

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : INCA12143

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 38 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMENCOUNT PAC**

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

Mailing Address **3722 AVE J**

City  
**BROOKLYN**

State  
**NY**

Zip Code  
**11210**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

**NONE**

Occupation (for Individual)

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**100.00**

Date of Receipt

**03 / 10 / 2017**

**Transaction ID : INCA12145**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**ERMK: HEIDI FOR SENATE**

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

Mailing Address **3722 AVE J**

City  
**BROOKLYN**

State  
**NY**

Zip Code  
**11210**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

**NONE**

Occupation (for Individual)

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**100.00**

Date of Receipt

**03 / 10 / 2017**

**Transaction ID : INCA12146**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**ERMK: TAMMY BALDWIN FOR SENATE**

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

Mailing Address **3722 AVE J**

City  
**BROOKLYN**

State  
**NY**

Zip Code  
**11210**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

**NONE**

Occupation (for Individual)

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**100.00**

Date of Receipt

**03 / 10 / 2017**

**Transaction ID : INCA12142**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**ERMK: FRIENDS OF MARIA**

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

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

**15.00**

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

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

FOR LINE NUMBER: PAGE 39 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

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

**A. JACOBSON, ROBERTA, , ,**

Mailing Address 5927 SPRING XING

City  
SAN ANTONIO

State  
TX

Zip Code  
78247-1667

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AHISD

Occupation (for Individual)  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : INCA12133

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FRIENDS OF MAZIE HIRONO

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

**B. JACOBSON, ROBERTA, , ,**

Mailing Address 5927 SPRING XING

City  
SAN ANTONIO

State  
TX

Zip Code  
78247-1667

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AHISD

Occupation (for Individual)  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : INCA12135

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: TAMMY BALDWIN FOR SENATE

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

**C. JACOBSON, ROBERTA, , ,**

Mailing Address 5927 SPRING XING

City  
SAN ANTONIO

State  
TX

Zip Code  
78247-1667

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AHISD

Occupation (for Individual)  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : INCA12136

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

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

15.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMENCOUNT PAC**

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

Mailing Address 5927 SPRING XING

City  
**SAN ANTONIO**

State  
**TX**

Zip Code  
**78247-1667**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**AHISD**

Occupation (for Individual)  
**TEACHER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**60.00**

Date of Receipt

**03 / 10 / 2017**

**Transaction ID : INCA12132**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

Mailing Address 5927 SPRING XING

City  
**SAN ANTONIO**

State  
**TX**

Zip Code  
**78247-1667**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**AHISD**

Occupation (for Individual)  
**TEACHER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**60.00**

Date of Receipt

**03 / 10 / 2017**

**Transaction ID : INCA12131**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

ERMK: FRIENDS OF MARIA

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

Mailing Address 5927 SPRING XING

City  
**SAN ANTONIO**

State  
**TX**

Zip Code  
**78247-1667**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**AHISD**

Occupation (for Individual)  
**TEACHER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**60.00**

Date of Receipt

**03 / 10 / 2017**

**Transaction ID : INCA12130**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

ERMK: STABENOW FOR US SENATE

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

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

**15.00**



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

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

FOR LINE NUMBER: PAGE 41 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. JACOBSON, ROBERTA, , ,

Mailing Address 5927 SPRING XING

City  
SAN ANTONIO

State  
TX

Zip Code  
78247-1667

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AHISD

Occupation (for Individual)  
TEACHER

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  
03 / 10 / 2017

Transaction ID : INCA12134

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: HEIDI FOR SENATE

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

B. JACOBSON, ROBERTA, , ,

Mailing Address 5927 SPRING XING

City  
SAN ANTONIO

State  
TX

Zip Code  
78247-1667

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AHISD

Occupation (for Individual)  
TEACHER

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  
03 / 10 / 2017

Transaction ID : INCA12128

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: GILLIBRAND FOR SENATE

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

C. JACOBSON, ROBERTA, , ,

Mailing Address 5927 SPRING XING

City  
SAN ANTONIO

State  
TX

Zip Code  
78247-1667

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AHISD

Occupation (for Individual)  
TEACHER

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  
03 / 10 / 2017

Transaction ID : INCA12129

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: KLOBUCHAR FOR MINNESOTA

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 42 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. JACOBSON, ROBERTA, , ,

Mailing Address 5927 SPRING XING

City  
SAN ANTONIO

State  
TX

Zip Code  
78247-1667

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AHISD

Occupation (for Individual)  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : INCA12126

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

B. JACOBSON, ROBERTA, , ,

Mailing Address 5927 SPRING XING

City  
SAN ANTONIO

State  
TX

Zip Code  
78247-1667

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AHISD

Occupation (for Individual)  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : INCA12127

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FEINSTEIN FOR SENATE 2018

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

C. FULLERTON STONE, HONOR, , ,

Mailing Address 420 SANTA RITA AVE

City  
MENLO PARK

State  
CA

Zip Code  
94025

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 11 / 2017

Transaction ID : INCA12147

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

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

1010.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. WOODS, LAURE, , ,

Mailing Address 1240 WESTRIDGE DRIVE

City  
PORTOLA VALLEY

State  
CA

Zip Code  
94028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2017

Transaction ID : INCA12148

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

B. LOULAN, JOANN, , ,

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 (for Individual)  
SELF-EMPLOYED, SAME NAME

Occupation (for Individual)  
COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2017

Transaction ID : INCA12150

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

C. SANDS, SARAH, , ,

Mailing Address 1331 HAMILTON AVE

City  
PALO ALTO

State  
CA

Zip Code  
94301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2017

Transaction ID : INCA12149

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

3000.00

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

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

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

FOR LINE NUMBER: PAGE 44 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. DAUBER, MICHELE, , ,

Mailing Address 730 PAUL AVENUE

City

PALO ALTO

State

CA

Zip Code

94306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

STANFORD

Occupation (for Individual)

LAW PROFESSOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2017

Transaction ID : INCA12152

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

B. DE BLANK, MICHELLE, , ,

Mailing Address 1398 FOREST AVENUE

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

LEGAL AID

Occupation (for Individual)

LAWYER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2017

Transaction ID : INCA12153

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

C. HUNT-SCOTT, SHANNON, , ,

Mailing Address 16348 AZTEC RIDGE DR

City

LOS GATOS

State

CA

Zip Code

95030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

THE SCOTT FOUNDATION

Occupation (for Individual)

PRESIDENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2017

Transaction ID : INCA12151

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

3000.00

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

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

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

FOR LINE NUMBER: PAGE 45 OF 142

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

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

**A. COLTON, ELIZABETH, , ,**

Mailing Address 1848 PINE STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2017

**Transaction ID : INCA12155**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

**B. PEARL, AMY, , ,**

Mailing Address 555 S EL MONTE AVENUE

City  
LOS ALTOS

State  
CA

Zip Code  
94022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ACORN FINANCIAL PLANNING

Occupation (for Individual)  
REGISTERED INVESTMENT ADVISO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2017

**Transaction ID : INCA12154**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

**C. STIMMLER, MARY, , ,**

Mailing Address 758 CENTER DR

City  
PALO ALTO

State  
CA

Zip Code  
94301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GOOGLE

Occupation (for Individual)  
RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2017

**Transaction ID : INCA12156**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 46 OF 142

(check only one)

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

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

NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. KAMRAN, LINDA, , ,

Mailing Address 410 CERVANTES ROAD

City  
PORTOLA VALLEY

State  
CA

Zip Code  
94028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2017

Transaction ID : INCA12158

Amount of Each Receipt this Period

2700.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

B. MOORE, COURTNEY, , ,

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 (for Individual)

RODAN + FIELDS

Occupation (for Individual)

MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2017

Transaction ID : INCA12162

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

C. POWELL, LAURA, , ,

Mailing Address 1121 MASONIC AVENUE APT B

City  
SAN FRANCISCO

State  
CA

Zip Code  
94117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

KREUZBERGERASSOCIATES

Occupation (for Individual)

RECRUITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2017

Transaction ID : INCA12159

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

4700.00

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 47 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. STERN, ANDREA, , ,

Mailing Address 730 SEALE AVE

City

PALO ALTO

State

CA

Zip Code

94303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2017

Transaction ID : INCA12161

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

B. WEAVER, MARY JANE, , ,

Mailing Address 550 MONTGOMERY STREET, SUITE 650

City

SAN FRANCISCO

State

CA

Zip Code

94111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WEAVER SCHLENGER LLP

Occupation (for Individual)

PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2017

Transaction ID : INCA12157

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

C. WEISSBERG, WESLEY, , ,

Mailing Address 2053 PRINCETON

City

PALO ALTO

State

CA

Zip Code

94306

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)

AUDIO PRODUCER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2017

Transaction ID : INCA12160

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

3000.00

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

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

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

FOR LINE NUMBER: PAGE 48 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

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

**A. CHEN, GRACE, , ,**

Mailing Address 31 MONTE AVE

City  
PIEDMONT

State  
CA

Zip Code  
94611

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2017

**Transaction ID : INCA12163**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

**B. HWANG, SUSIE, , ,**

Mailing Address 159 MELVILLE AVE

City  
PALO ALTO

State  
CA

Zip Code  
94301

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
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  
03 / 17 / 2017

**Transaction ID : INCA12169**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

**C. STEWART, SUSANNE, , ,**

Mailing Address 421, POPPY PLACE

City  
MTN. VIEW

State  
CA

Zip Code  
94043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 19 / 2017

**Transaction ID : INCA12167**

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: TAMMY BALDWIN FOR SENATE

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

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

2005.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. STEWART, SUSANNE, , ,

Mailing Address 421, POPPY PLACE

City  
MTN. VIEWState  
CAZip Code  
94043FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 19 / 2017

Transaction ID : INCA12168

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: GILLIBRAND FOR SENATE

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

B. STEWART, SUSANNE, , ,

Mailing Address 421, POPPY PLACE

City  
MTN. VIEWState  
CAZip Code  
94043FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 19 / 2017

Transaction ID : INCA12166

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

C. STEWART, SUSANNE, , ,

Mailing Address 421, POPPY PLACE

City  
MTN. VIEWState  
CAZip Code  
94043FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 19 / 2017

Transaction ID : INCA12165

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: KAMALA HARRIS 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 50 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. STEWART, SUSANNE, , ,

Mailing Address 421, POPPY PLACE

City  
MTN. VIEW

State  
CA

Zip Code  
94043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 19 / 2017

Transaction ID : INCA12170

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

B. STEWART, SUSANNE, , ,

Mailing Address 421, POPPY PLACE

City  
MTN. VIEW

State  
CA

Zip Code  
94043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 19 / 2017

Transaction ID : INCA12164

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: KLOBUCHAR FOR MINNESOTA

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

C. CHEN, GRACE, , ,

Mailing Address 31 MONTE AVE

City  
PIEDMONT

State  
CA

Zip Code  
94611

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2017

Transaction ID : INCA12174

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELECTING WOMEN BAY AREA

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: PAGE 51 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

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

**A. MAJESKI, SUSAN, , ,**

Mailing Address 1030 WALNUT STREET

City  
SAN CARLOS

State  
CA

Zip Code  
94070

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ROPERS MAJESKI KOHN & BENTLEY

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2017

Transaction ID : INCA12173

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELECTING WOMEN BAY AREA

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

**B. PHILLIPS, DANA, , ,**

Mailing Address 740 SEALE AVENUE

City  
PALO ALTO

State  
CA

Zip Code  
94303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2017

Transaction ID : INCA12171

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: ELECTING WOMEN BAY AREA

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

**C. PHILLIPS, DANA, , ,**

Mailing Address 740 SEALE AVENUE

City  
PALO ALTO

State  
CA

Zip Code  
94303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2017

Transaction ID : INCA12172

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 52 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. SONTAG, CAROL, , ,

Mailing Address 280 GOLDEN OAK DR

City  
PORTOLA VALLEY

State  
CA

Zip Code  
94028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PALO ALTO UNIFIED SCHOOL DISTRICT

Occupation (for Individual)

REGISTERED NURSE

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  
03 / 22 / 2017

Transaction ID : INCA12176

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: KLOBUCHAR FOR MINNESOTA

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

B. SONTAG, CAROL, , ,

Mailing Address 280 GOLDEN OAK DR

City  
PORTOLA VALLEY

State  
CA

Zip Code  
94028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PALO ALTO UNIFIED SCHOOL DISTRICT

Occupation (for Individual)

REGISTERED NURSE

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  
03 / 22 / 2017

Transaction ID : INCA12175

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: FEINSTEIN FOR SENATE 2018

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

C. SONTAG, CAROL, , ,

Mailing Address 280 GOLDEN OAK DR

City  
PORTOLA VALLEY

State  
CA

Zip Code  
94028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PALO ALTO UNIFIED SCHOOL DISTRICT

Occupation (for Individual)

REGISTERED NURSE

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  
03 / 22 / 2017

Transaction ID : INCA12177

Amount of Each Receipt this Period

10.00

☐ Memo Item

ERMK: FRIENDS OF MAZIE HIRONO

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

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

30.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. WEXLER, DEBORAH, , ,

Mailing Address 1078 FOREST AVE

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : INCA12179

Amount of Each Receipt this Period

2700.00

☐ Memo Item

ERMK: STABENOW FOR US SENATE

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

B. WEXLER, DEBORAH, , ,

Mailing Address 1078 FOREST AVE

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : INCA12180

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. ZACK, DIANE, , ,

Mailing Address 40 ROCK ROAD

City

KENTFIELD

State

CA

Zip Code

94904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED, SAME NAME

Occupation (for Individual)

COMMUNITY VOLUNTEER ACTIVIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : INCA12178

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: STABENOW FOR US SENATE

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

3900.00

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 54 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

A. MARTINIE, MAXINE, , ,

Mailing Address PO BOX 1172

City  
ASHLANDState  
ORZip Code  
97520FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 23 / 2017

Transaction ID : INCA12183

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: KLOBUCHAR FOR MINNESOTA

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

B. MARTINIE, MAXINE, , ,

Mailing Address PO BOX 1172

City  
ASHLANDState  
ORZip Code  
97520FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 23 / 2017

Transaction ID : INCA12184

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FEINSTEIN FOR SENATE 2018

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

C. MARTINIE, MAXINE, , ,

Mailing Address PO BOX 1172

City  
ASHLANDState  
ORZip Code  
97520FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 23 / 2017

Transaction ID : INCA12182

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FRIENDS OF MAZIE HIRONO

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 55 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

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

**A. TOM, JEAN, , ,**

Mailing Address 35 OAK RIDGE ROAD

City  
BERKELEY

State  
CA

Zip Code  
94705

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DAVIS WRIGHT TREMAINE LLP

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 23 / 2017

Transaction ID : INCA12181

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

**B. SCHULMAN, CHARLES, , ,**

Mailing Address 832, WAVERLEY ST

City  
PALO ALTO

State  
CA

Zip Code  
94301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FISH & RICHARDSON

Occupation (for Individual)  
PATENT ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2017

Transaction ID : INCA12185

Amount of Each Receipt this Period

250.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

**C. LA FONTAINE FIORE, KRISTIN, , ,**

Mailing Address 1724 20TH STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2017

Transaction ID : INCA12186

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: ELIZABETH FOR MA

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

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

1255.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 56 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

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

**A. LA FONTAINE FIORE, KRISTIN, , ,**

Mailing Address 1724 20TH STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2017

**Transaction ID : INCA12189**

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: KLOBUCHAR FOR MINNESOTA

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

**B. LA FONTAINE FIORE, KRISTIN, , ,**

Mailing Address 1724 20TH STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2017

**Transaction ID : INCA12188**

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: GILLIBRAND FOR SENATE

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

**C. LA FONTAINE FIORE, KRISTIN, , ,**

Mailing Address 1724 20TH STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2017

**Transaction ID : INCA12190**

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: STABENOW FOR US SENATE

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

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

15.00



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

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

FOR LINE NUMBER: PAGE 57 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

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

**A. LA FONTAINE FIORE, KRISTIN, , ,**

Mailing Address 1724 20TH STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2017

**Transaction ID : INCA12192**

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

**B. LA FONTAINE FIORE, KRISTIN, , ,**

Mailing Address 1724 20TH STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2017

**Transaction ID : INCA12193**

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FRIENDS OF MAZIE HIRONO

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

**C. LA FONTAINE FIORE, KRISTIN, , ,**

Mailing Address 1724 20TH STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2017

**Transaction ID : INCA12194**

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: HEIDI FOR SENATE

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 58 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

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

**A. LA FONTAINE FIORE, KRISTIN, , ,**

Mailing Address 1724 20TH STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2017

Transaction ID : INCA12191

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FRIENDS OF MARIA

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

**B. LA FONTAINE FIORE, KRISTIN, , ,**

Mailing Address 1724 20TH STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2017

Transaction ID : INCA12195

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: TAMMY BALDWIN FOR SENATE

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

**C. LA FONTAINE FIORE, KRISTIN, , ,**

Mailing Address 1724 20TH STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2017

Transaction ID : INCA12187

Amount of Each Receipt this Period

5.00

☐ Memo Item

ERMK: FEINSTEIN FOR SENATE 2018

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 59 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

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

**A. HUNT-SCOTT, SHANNON, , ,**

Mailing Address 16348 AZTEC RIDGE DR

City  
LOS GATOS

State  
CA

Zip Code  
95030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE SCOTT FOUNDATION

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2017

Transaction ID : INCA12196

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: STABENOW FOR US SENATE

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

**B. COLTON, ELIZABETH, , ,**

Mailing Address 1848 PINE STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 30 / 2017

Transaction ID : INCA12197

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: STABENOW FOR US SENATE

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

**C. DIBRIENZA, JENNIFER, , ,**

Mailing Address 186 PARK AVE

City  
PALO ALTO

State  
CA

Zip Code  
94306

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 30 / 2017

Transaction ID : INCA12198

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: STABENOW FOR US SENATE

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 60 OF 142

(check only one)

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

WOMENCOUNT PAC

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

A. RITTER, AMY, , ,

Mailing Address 3340 CLAY STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2017

Transaction ID : INCA12200

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: STABENOW FOR US SENATE

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

B. RITTER, AMY, , ,

Mailing Address 3340 CLAY STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2017

Transaction ID : INCA12199

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ERMK: MCCASKILL FOR MISSOURI

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

2000.00

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

47680.00

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

Use separate schedule(s)  
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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

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

## **A. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

City  
BOSTON

State  
MA

Zip Code  
02129

FEC ID number of contributing  
federal political committee.

**C** C00500843

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24.61

Date of Receipt

**03** / **01** / **2017**

**Transaction ID : INCA11998**

Amount of Each Receipt this Period

1.00

☐ Memo Item

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

## **B. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

FEC ID number of contributing  
federal political committee.

**C** C00539890

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

41.53

Date of Receipt

**03** / **01** / **2017**

**Transaction ID : INCA11999**

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

## **C. FRIENDS OF MARIA**

Mailing Address PO BOX 12740

City  
SEATTLE

State  
WA

Zip Code  
98111

FEC ID number of contributing  
federal political committee.

**C** C00349506

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

55.80

Date of Receipt

**03** / **01** / **2017**

**Transaction ID : INCA12002**

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

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

1.40

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

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**WOMENCOUNT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City  
HONOLULU

State  
HI

Zip Code  
96809

FEC ID number of contributing  
federal political committee.

**C** C00420760

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

41.53

Date of Receipt

**03** / **01** / **2017**

**Transaction ID : INCA12004**

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

Mailing Address 313 C STREET, NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

FEC ID number of contributing  
federal political committee.

**C** C00413914

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2369.00

Date of Receipt

**03** / **01** / **2017**

**Transaction ID : INCA12008**

Amount of Each Receipt this Period

1.00

☐ Memo Item

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

Mailing Address PO BOX 1577

City  
BISMARCK

State  
ND

Zip Code  
58502

FEC ID number of contributing  
federal political committee.

**C** C00505552

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

20.40

Date of Receipt

**03** / **01** / **2017**

**Transaction ID : INCA12005**

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

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

1.40

# **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 142

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

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

## **A. KAMALA HARRIS FOR SENATE**

Mailing Address 777 S FIGUEROA ST STE 4050

City  
LOS ANGELES

State  
CA

Zip Code  
90017

FEC ID number of contributing  
federal political committee.

**C** C00571919

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9.00

Date of Receipt

**03** / **01** / **2017**

**Transaction ID : INCA12007**

Amount of Each Receipt this Period

0.80

☐ Memo Item

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

## **B. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City  
ST PAUL

State  
MN

Zip Code  
55104

FEC ID number of contributing  
federal political committee.

**C** C00431353

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.53

Date of Receipt

**03** / **01** / **2017**

**Transaction ID : INCA12000**

Amount of Each Receipt this Period

1.00

☐ Memo Item

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

## **C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUIS

State  
MO

Zip Code  
63130

FEC ID number of contributing  
federal political committee.

**C** C00577148

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1735.20

Date of Receipt

**03** / **01** / **2017**

**Transaction ID : INCA12003**

Amount of Each Receipt this Period

160.20

☐ Memo Item

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

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

162.00

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

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

FOR LINE NUMBER: PAGE 64 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

**A. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City  
EAST LANSINGState  
MIZip Code  
48826FEC ID number of contributing  
federal political committee.

C C00344473

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2017

Transaction ID : INCA12001

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

**B. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701FEC ID number of contributing  
federal political committee.

C C00326801

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2017

Transaction ID : INCA12006

Amount of Each Receipt this Period

1.00

☐ Memo Item

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

**C. DEBBIE DINGELL FOR CONGRESS**

Mailing Address 19855 W. OUTER DR. STE 103 AE

City  
DEARBORNState  
MIZip Code  
48124FEC ID number of contributing  
federal political committee.

C C00558213

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

0.40

Date of Receipt

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

Transaction ID : INCA12398

Amount of Each Receipt this Period

0.40

☐ Memo Item

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

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

1.60



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMENCOUNT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

City  
**BOSTON**

State  
**MA**

Zip Code  
**02129**

FEC ID number of contributing  
federal political committee.

**C**

**C00500843**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**24.61**

Date of Receipt

**03 / 08 / 2017**

**Transaction ID : INCA12383**

Amount of Each Receipt this Period

**0.80**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City

**WASHINGTON**

State

**DC**

Zip Code

**20003**

FEC ID number of contributing  
federal political committee.

**C**

**C00539890**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**41.53**

Date of Receipt

**03 / 08 / 2017**

**Transaction ID : INCA12384**

Amount of Each Receipt this Period

**0.80**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. FRIENDS OF ELIZABETH ESTY**

Mailing Address PO BOX 61

City

**CHESHIRE**

State

**CT**

Zip Code

**06410**

FEC ID number of contributing  
federal political committee.

**C**

**C00494203**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**0.40**

Date of Receipt

**03 / 08 / 2017**

**Transaction ID : INCA12397**

Amount of Each Receipt this Period

**0.40**

☐ 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: PAGE 66 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

**A. FRIENDS OF MARIA**

Mailing Address PO BOX 12740

City  
SEATTLEState  
WAZip Code  
98111FEC ID number of contributing  
federal political committee.

C

C00349506

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.80

Date of Receipt

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

Transaction ID : INCA12387

Amount of Each Receipt this Period

0.80

☐ Memo Item

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

**B. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City  
HONOLULUState  
HIZip Code  
96809FEC ID number of contributing  
federal political committee.

C

C00420760

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

41.53

Date of Receipt

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

Transaction ID : INCA12389

Amount of Each Receipt this Period

0.80

☐ Memo Item

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

**C. GILLIBRAND FOR SENATE**

Mailing Address 313 C STREET, NE

City  
WASHINGTONState  
DCZip Code  
20002FEC ID number of contributing  
federal political committee.

C

C00413914

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2369.00

Date of Receipt

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

Transaction ID : INCA12392

Amount of Each Receipt this Period

1.20

☐ 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  
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FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**WOMENCOUNT PAC**

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

## **A. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City  
BISMARCK

State  
ND

Zip Code  
58502

FEC ID number of contributing  
federal political committee.

**C** C00505552

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.40

Date of Receipt

**03** / **08** / **2017**

**Transaction ID : INCA12390**

Amount of Each Receipt this Period

0.80

☐ Memo Item

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

## **B. JACKIE SPEIER FOR CONGRESS**

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 (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2.20

Date of Receipt

**03** / **08** / **2017**

**Transaction ID : INCA12396**

Amount of Each Receipt this Period

0.40

☐ Memo Item

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

## **C. KATHLEEN RICE FOR CONGRESS**

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 (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

0.40

Date of Receipt

**03** / **08** / **2017**

**Transaction ID : INCA12395**

Amount of Each Receipt this Period

0.40

☐ Memo Item

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

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

1.60

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

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**WOMENCOUNT PAC**

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

Mailing Address PO BOX 4146

City  
ST PAUL

State  
MN

Zip Code  
55104

FEC ID number of contributing  
federal political committee.

**C** C00431353

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.53

Date of Receipt

**03** / **08** / **2017**

**Transaction ID : INCA12385**

Amount of Each Receipt this Period

0.80

☐ Memo Item

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

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 (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1.80

Date of Receipt

**03** / **08** / **2017**

**Transaction ID : INCA12394**

Amount of Each Receipt this Period

0.40

☐ Memo Item

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

Mailing Address PO BOX 300077

City  
ST LOUIS

State  
MO

Zip Code  
63130

FEC ID number of contributing  
federal political committee.

**C** C00577148

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1735.20

Date of Receipt

**03** / **08** / **2017**

**Transaction ID : INCA12388**

Amount of Each Receipt this Period

340.80

☐ Memo Item

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

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

342.00

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

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

FOR LINE NUMBER: PAGE 69 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

**A. ROBIN KELLY FOR CONGRESS**

Mailing Address PO BOX 6953

City  
CHICAGOState  
ILZip Code  
60680FEC ID number of contributing  
federal political committee.

C

C00539866

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.40

Date of Receipt

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

Transaction ID : INCA12393

Amount of Each Receipt this Period

0.40

☐ Memo Item

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

**B. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City  
EAST LANSINGState  
MIZip Code  
48826FEC ID number of contributing  
federal political committee.

C

C00344473

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.80

Date of Receipt

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

Transaction ID : INCA12386

Amount of Each Receipt this Period

0.80

☐ Memo Item

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

**C. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701FEC ID number of contributing  
federal political committee.

C

C00326801

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

23.40

Date of Receipt

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

Transaction ID : INCA12391

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

2.40

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMENCOUNT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

City  
**BOSTON**

State  
**MA**

Zip Code  
**02129**

FEC ID number of contributing  
federal political committee.

**C** C00500843

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24.61

Date of Receipt

**03** / **15** / **2017**

**Transaction ID : INCA12373**

Amount of Each Receipt this Period

1.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City

**WASHINGTON**

State

**DC**

Zip Code

**20003**

FEC ID number of contributing  
federal political committee.

**C** C00539890

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

41.53

Date of Receipt

**03** / **15** / **2017**

**Transaction ID : INCA12374**

Amount of Each Receipt this Period

1.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. FRIENDS OF MARIA**

Mailing Address PO BOX 12740

City

**SEATTLE**

State

**WA**

Zip Code

**98111**

FEC ID number of contributing  
federal political committee.

**C** C00349506

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

55.80

Date of Receipt

**03** / **15** / **2017**

**Transaction ID : INCA12377**

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

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

3.60

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMENCOUNT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City  
HONOLULU

State  
HI

Zip Code  
96809

FEC ID number of contributing  
federal political committee.

**C** C00420760

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

41.53

Date of Receipt

**03** / **15** / **2017**

**Transaction ID : INCA12379**

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

Mailing Address 313 C STREET, NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

FEC ID number of contributing  
federal political committee.

**C** C00413914

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2369.00

Date of Receipt

**03** / **15** / **2017**

**Transaction ID : INCA12382**

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

Mailing Address PO BOX 1577

City  
BISMARCK

State  
ND

Zip Code  
58502

FEC ID number of contributing  
federal political committee.

**C** C00505552

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

20.40

Date of Receipt

**03** / **15** / **2017**

**Transaction ID : INCA12380**

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

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

3.60

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMENCOUNT PAC**

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

Mailing Address PO BOX 4146

City  
ST PAUL

State  
MN

Zip Code  
55104

FEC ID number of contributing  
federal political committee.

C

C00431353

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2017

Transaction ID : INCA12375

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

Mailing Address PO BOX 300077

City  
ST LOUIS

State  
MO

Zip Code  
63130

FEC ID number of contributing  
federal political committee.

C

C00577148

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1735.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2017

Transaction ID : INCA12378

Amount of Each Receipt this Period

462.20

☐ Memo Item

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

Mailing Address P.O. BOX 4945

City  
EAST LANSING

State  
MI

Zip Code  
48826

FEC ID number of contributing  
federal political committee.

C

C00344473

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

203.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2017

Transaction ID : INCA12376

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

464.60

**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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

**A. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701FEC ID number of contributing  
federal political committee.

C C00326801

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2017

Transaction ID : INCA12381

Amount of Each Receipt this Period

1.20

☐ Memo Item

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

**B. ELECTING WOMEN SAN FRANCISCO PAC**

Mailing Address 393 7TH AVENUE, SUITE 301

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

C C00585687

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2017

Transaction ID : INCA12372

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

**C. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

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

C C00500843

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

24.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2017

Transaction ID : INCA12366

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

121.40

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 74 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

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

## **A. GILLIBRAND FOR SENATE**

Mailing Address 313 C STREET, NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

FEC ID number of contributing  
federal political committee.

C

C00413914

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2369.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : INCA12371

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

## **B. KAMALA HARRIS FOR SENATE**

Mailing Address 777 S FIGUEROA ST STE 4050

City  
LOS ANGELES

State  
CA

Zip Code  
90017

FEC ID number of contributing  
federal political committee.

C

C00571919

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : INCA12370

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

## **C. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City  
ST PAUL

State  
MN

Zip Code  
55104

FEC ID number of contributing  
federal political committee.

C

C00431353

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : INCA12367

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: PAGE 75 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

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

**A. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130FEC ID number of contributing  
federal political committee.

C

C00577148

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1735.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		22		2017

Transaction ID : INCA12368

Amount of Each Receipt this Period

548.00

☐ Memo Item

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

**B. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701FEC ID number of contributing  
federal political committee.

C

C00326801

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		22		2017

Transaction ID : INCA12369

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

**C. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

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

C

C00500843

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

24.61

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		29		2017

Transaction ID : INCA12356

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

548.40

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

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

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

FOR LINE NUMBER: PAGE 76 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

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

## **A. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

FEC ID number of contributing  
federal political committee.

**C** C00539890

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

41.53

Date of Receipt

**03** / **29** / **2017**

**Transaction ID : INCA12357**

Amount of Each Receipt this Period

0.80

☐ Memo Item

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

## **B. FRIENDS OF MARIA**

Mailing Address PO BOX 12740

City  
SEATTLE

State  
WA

Zip Code  
98111

FEC ID number of contributing  
federal political committee.

**C** C00349506

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.80

Date of Receipt

**03** / **29** / **2017**

**Transaction ID : INCA12360**

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

## **C. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City  
HONOLULU

State  
HI

Zip Code  
96809

FEC ID number of contributing  
federal political committee.

**C** C00420760

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

41.53

Date of Receipt

**03** / **29** / **2017**

**Transaction ID : INCA12362**

Amount of Each Receipt this Period

0.80

☐ Memo Item

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

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

1.80

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 142  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOMENCOUNT PAC**Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. GILLIBRAND FOR SENATE**

Mailing Address 313 C STREET, NE

City  
WASHINGTONState  
DCZip Code  
20002FEC ID number of contributing  
federal political committee.

C

C00413914

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2369.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2017

Transaction ID : INCA12365

Amount of Each Receipt this Period

0.20

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

Mailing Address PO BOX 1577

City  
BISMARCKState  
NDZip Code  
58502FEC ID number of contributing  
federal political committee.

C

C00505552

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2017

Transaction ID : INCA12363

Amount of Each Receipt this Period

0.20

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

Mailing Address PO BOX 4146

City  
ST PAULState  
MNZip Code  
55104FEC ID number of contributing  
federal political committee.

C

C00431353

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2017

Transaction ID : INCA12358

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)

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

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NAME OF COMMITTEE (In Full)  
**WOMENCOUNT PAC**

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

Mailing Address PO BOX 300077

City  
ST LOUIS

State  
MO

Zip Code  
63130

FEC ID number of contributing  
federal political committee.

**C** C00577148

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1735.20

Date of Receipt

**03** / **29** / **2017**

**Transaction ID : INCA12361**

Amount of Each Receipt this Period

50.20

☐ Memo Item

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

Mailing Address P.O. BOX 4945

City  
EAST LANSING

State  
MI

Zip Code  
48826

FEC ID number of contributing  
federal political committee.

**C** C00344473

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.80

Date of Receipt

**03** / **29** / **2017**

**Transaction ID : INCA12359**

Amount of Each Receipt this Period

188.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISON

State  
WI

Zip Code  
53701

FEC ID number of contributing  
federal political committee.

**C** C00326801

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

23.40

Date of Receipt

**03** / **29** / **2017**

**Transaction ID : INCA12364**

Amount of Each Receipt this Period

0.20

☐ Memo Item

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

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

238.60

1901.00

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

PAGE 79 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. AUTHORIZE.NET**

Mailing Address P.O. BOX 8999

City  
SAN FRANCISCOState  
CAZip Code  
94128Purpose of Disbursement  
ACCOUNT FEE

001

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2017

FEC Identification Number

C

Transaction ID : EXPB12035

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

001

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : EXPB12404

Amount of Each Disbursement this Period

258.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

001

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : EXPB12405

Amount of Each Disbursement this Period

1218.76

☐ Memo Item

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

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

1502.18

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

PAGE 80 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

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

001

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : EXPB12032

Amount of Each Disbursement this Period

47.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO BANK**

Mailing Address 464 CALIFORNIA STREET

City  
SAN FRANCISCOState  
CAZip Code  
94163Purpose of Disbursement  
BANK FEE

001

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2017

FEC Identification Number

C

Transaction ID : EXPB12402

Amount of Each Disbursement this Period

56.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HARVEY, MEGHAN, , ,**

Mailing Address 5425 CHARLOTTE WAY

City  
LIVERMOREState  
CAZip Code  
94550Purpose of Disbursement  
SOCIAL MEDIA SERVICES

001

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2017

FEC Identification Number

C

Transaction ID : EXPB12036

Amount of Each Disbursement this Period

500.00

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

603.83

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

2106.01



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

PAGE 81 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

City  
BOSTONState  
MAZip Code  
02129

Purpose of Disbursement

ERMK: MARILYN E. HARVEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MA

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2017

FEC Identification Number

**C** C00500843**Transaction ID : EXPB11784**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

City  
BOSTONState  
MAZip Code  
02129

Purpose of Disbursement

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

Candidate Name

**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MA

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2017

FEC Identification Number

**C** C00500843**Transaction ID : EXPB11785**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

City  
BOSTONState  
MAZip Code  
02129

Purpose of Disbursement

ERMK: SOFIE VANDEPUTTE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MA

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2017

FEC Identification Number

**C** C00500843**Transaction ID : EXPB11786**

Amount of Each Disbursement this Period

10.00

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

20.00

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

PAGE 82 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

City  
BOSTONState  
MAZip Code  
02129

Purpose of Disbursement

ERMK: IRENE WAPNIR-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00500843**Transaction ID : EXPB11787**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

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

Candidate Name

**FEINSTEIN, DIANE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State: CA

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00539890**Transaction ID : EXPB11742**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MARIA**

Mailing Address PO BOX 12740

City  
SEATTLEState  
WAZip Code  
98111

Purpose of Disbursement

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

Candidate Name

**CANTWELL, MARIA, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: WA

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00349506**Transaction ID : EXPB11950**

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

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

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

NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City  
HONOLULUState  
HIZip Code  
96809Purpose of Disbursement  
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC  
LIMIT NOT AFFECTED

Candidate Name

**HIRONO, MAZIE, , ,**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: HI District:

Date of Disbursement

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

FEC Identification Number

**C** C00420760**Transaction ID : EXPB11858**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GILLIBRAND FOR SENATE**

Mailing Address 313 C STREET, NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
ERMK: MARILYN E. HARVEY-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**GILLIBRAND, KIRSTEN ELIZABETH, , ,**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: NY District:

Date of Disbursement

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

FEC Identification Number

**C** C00413914**Transaction ID : EXPB11887**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GILLIBRAND FOR SENATE**

Mailing Address 313 C STREET, NE

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

Candidate Name

**GILLIBRAND, KIRSTEN ELIZABETH, , ,**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

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

FEC Identification Number

**C** C00413914**Transaction ID : EXPB11888**

Amount of Each Disbursement this Period

5.00

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

15.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. GILLIBRAND FOR SENATE**

Mailing Address 313 C STREET, NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

ERMK: SOFIE VANDEPUTTE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

**GILLIBRAND, KIRSTEN ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: NY

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00413914**Transaction ID : EXPB11889**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GILLIBRAND FOR SENATE**

Mailing Address 313 C STREET, NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

ERMK: IRENE WAPNIR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

**GILLIBRAND, KIRSTEN ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State: NY

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00413914**Transaction ID : EXPB11890**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City  
BISMARCKState  
NDZip Code  
58502

Purpose of Disbursement

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

Candidate Name

**HEITKAMP, HEIDI, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: ND

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00505552**Transaction ID : EXPB11772**

Amount of Each Disbursement this Period

5.00

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

20.00

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

PAGE 85 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. KAMALA HARRIS FOR SENATE**

Mailing Address 777 S FIGUEROA ST STE 4050

City  
LOS ANGELESState  
CAZip Code  
90017

Purpose of Disbursement

ERMK: MARILYN E. HARVEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

**HARRIS, KAMALA, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00571919**Transaction ID : EXPB11730**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KAMALA HARRIS FOR SENATE**

Mailing Address 777 S FIGUEROA ST STE 4050

City  
LOS ANGELESState  
CAZip Code  
90017

Purpose of Disbursement

ERMK: SOFIE VANDEPUTTE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

**HARRIS, KAMALA, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00571919**Transaction ID : EXPB11731**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KAMALA HARRIS FOR SENATE**

Mailing Address 777 S FIGUEROA ST STE 4050

City  
LOS ANGELESState  
CAZip Code  
90017

Purpose of Disbursement

ERMK: IRENE WAPNIR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

**HARRIS, KAMALA, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00571919**Transaction ID : EXPB11732**

Amount of Each Disbursement this Period

5.00

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

20.00

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

PAGE 86 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City  
ST PAULState  
MNZip Code  
55104

Purpose of Disbursement

ERMK: MARILYN E. HARVEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

**KLOBUCHAR, AMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MN

District:

Date of Disbursement

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

FEC Identification Number

**C** C00431353**Transaction ID : EXPB11813**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City  
ST PAULState  
MNZip Code  
55104

Purpose of Disbursement

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

Candidate Name

**KLOBUCHAR, AMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MN

District:

Date of Disbursement

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

FEC Identification Number

**C** C00431353**Transaction ID : EXPB11814**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City  
ST PAULState  
MNZip Code  
55104

Purpose of Disbursement

ERMK: SOFIE VANDEPUTTE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

**KLOBUCHAR, AMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MN

District:

Date of Disbursement

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

FEC Identification Number

**C** C00431353**Transaction ID : EXPB11815**

Amount of Each Disbursement this Period

10.00

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

20.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City  
ST PAULState  
MNZip Code  
55104

Purpose of Disbursement

ERMK: IRENE WAPNIR-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**KLOBUCHAR, AMY, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MN

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00431353**Transaction ID : EXPB11816**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

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

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State: MO

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00577148**Transaction ID : EXPB11711**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: NANCY HAYES-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00577148**Transaction ID : EXPB11712**

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).....▶

1010.00



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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: BETSY COTTON-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00577148**Transaction ID : EXPB11713**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: CHRISTINE SILVER-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State: MO

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00577148**Transaction ID : EXPB11714**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: ABBIE KNOPPER-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00577148**Transaction ID : EXPB11715**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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



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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City  
EAST LANSINGState  
MIZip Code  
48826Purpose of Disbursement  
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC  
LIMIT NOT AFFECTED

Candidate Name

**STABENOW, DEBBIE, , ,**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

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

FEC Identification Number

**C** C00344473**Transaction ID : EXPB11961**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701Purpose of Disbursement  
ERMK: MARILYN E. HARVEY-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**BALDWIN, TAMMY, , ,**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: WI District:

Date of Disbursement

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

FEC Identification Number

**C** C00326801**Transaction ID : EXPB11971**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701Purpose of Disbursement  
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC  
LIMIT NOT AFFECTED

Candidate Name

**BALDWIN, TAMMY, , ,**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

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

FEC Identification Number

**C** C00326801**Transaction ID : EXPB11972**

Amount of Each Disbursement this Period

5.00

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

15.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701

Purpose of Disbursement

ERMK: SOFIE VANDEPUTTE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

**BALDWIN, TAMMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District:

Date of Disbursement

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

FEC Identification Number

**C** C00326801**Transaction ID : EXPB11973**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701

Purpose of Disbursement

ERMK: IRENE WAPNIR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

**BALDWIN, TAMMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District:

Date of Disbursement

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

FEC Identification Number

**C** C00326801**Transaction ID : EXPB11974**

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  
DEARBORNState  
MIZip Code  
48124

Purpose of Disbursement

ERMK: PRISCILLA FRENCH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

**DINGELL, DEBBIE, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District: 12

Date of Disbursement

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

FEC Identification Number

**C** C00558213**Transaction ID : EXPB12355**

Amount of Each Disbursement this Period

10.00

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

25.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

City  
BOSTONState  
MAZip Code  
02129

Purpose of Disbursement

ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00500843**Transaction ID : EXPB12352**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

City  
BOSTONState  
MAZip Code  
02129

Purpose of Disbursement

ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00500843**Transaction ID : EXPB12353**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

City  
BOSTONState  
MAZip Code  
02129

Purpose of Disbursement

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

Candidate Name

**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00500843**Transaction ID : EXPB12354**

Amount of Each Disbursement this Period

5.00

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

20.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**FEINSTEIN, DIANE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00539890**Transaction ID : EXPB12349**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**FEINSTEIN, DIANE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00539890**Transaction ID : EXPB12350**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

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

Candidate Name

**FEINSTEIN, DIANE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00539890**Transaction ID : EXPB12351**

Amount of Each Disbursement this Period

5.00

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

20.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF ELIZABETH ESTY**

Mailing Address PO BOX 61

City  
CHESHIREState  
CTZip Code  
06410

Purpose of Disbursement

ERMK: PRISCILLA FRENCH-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**ETSY, ELIZABETH, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: CT

District: 05

Date of Disbursement

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

FEC Identification Number

**C** C00494203**Transaction ID : EXPB12348**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MARIA**

Mailing Address PO BOX 12740

City  
SEATTLEState  
WAZip Code  
98111

Purpose of Disbursement

ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**CANTWELL, MARIA, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: WA

District:

Date of Disbursement

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

FEC Identification Number

**C** C00349506**Transaction ID : EXPB12345**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MARIA**

Mailing Address PO BOX 12740

City  
SEATTLEState  
WAZip Code  
98111

Purpose of Disbursement

ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**CANTWELL, MARIA, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: WA

District:

Date of Disbursement

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

FEC Identification Number

**C** C00349506**Transaction ID : EXPB12346**

Amount of Each Disbursement this Period

5.00

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

25.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MARIA**

Mailing Address PO BOX 12740

City  
SEATTLEState  
WAZip Code  
98111

Purpose of Disbursement

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

Candidate Name

**CANTWELL, MARIA, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: WA

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00349506**Transaction ID : EXPB12347**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City  
HONOLULUState  
HIZip Code  
96809

Purpose of Disbursement

ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**HIRONO, MAZIE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State: HI

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00420760**Transaction ID : EXPB12342**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City  
HONOLULUState  
HIZip Code  
96809

Purpose of Disbursement

ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**HIRONO, MAZIE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: HI

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00420760**Transaction ID : EXPB12343**

Amount of Each Disbursement this Period

5.00

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

20.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City  
HONOLULUState  
HIZip Code  
96809

Purpose of Disbursement

ERMK: CAROL BROWN-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED  
Candidate Name**HIRONO, MAZIE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: HI

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00420760**Transaction ID : EXPB12344**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GILLIBRAND FOR SENATE**

Mailing Address 313 C STREET, NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED  
Candidate Name**GILLIBRAND, KIRSTEN ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: NY

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00413914**Transaction ID : EXPB12338**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GILLIBRAND FOR SENATE**

Mailing Address 313 C STREET, NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED  
Candidate Name**GILLIBRAND, KIRSTEN ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: NY

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00413914**Transaction ID : EXPB12339**

Amount of Each Disbursement this Period

5.00

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

20.00



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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. GILLIBRAND FOR SENATE**

Mailing Address 313 C STREET, NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

ERMK: CAROL BROWN-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**GILLIBRAND, KIRSTEN ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: NY

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00413914**Transaction ID : EXPB12340**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GILLIBRAND FOR SENATE**

Mailing Address 313 C STREET, NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

ERMK: PRISCILLA FRENCH-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**GILLIBRAND, KIRSTEN ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State: NY

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00413914**Transaction ID : EXPB12341**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City  
BISMARCKState  
NDZip Code  
58502

Purpose of Disbursement

ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**HEITKAMP, HEIDI, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: ND

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00505552**Transaction ID : EXPB12335**

Amount of Each Disbursement this Period

10.00

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

25.00

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



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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City  
BISMARCKState  
NDZip Code  
58502

Purpose of Disbursement

ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**HEITKAMP, HEIDI, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: ND

District:

Date of Disbursement

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

FEC Identification Number

**C** C00505552**Transaction ID : EXPB12336**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City  
BISMARCKState  
NDZip Code  
58502

Purpose of Disbursement

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

Candidate Name

**HEITKAMP, HEIDI, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: ND

District:

Date of Disbursement

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

FEC Identification Number

**C** C00505552**Transaction ID : EXPB12337**

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  
BURLINGAMEState  
CAZip Code  
94011

Purpose of Disbursement

ERMK: PRISCILLA FRENCH-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**SPEIER, JACKIE, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 14

Date of Disbursement

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

FEC Identification Number

**C** C00443705**Transaction ID : EXPB12334**

Amount of Each Disbursement this Period

10.00

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

20.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. KATHLEEN RICE FOR CONGRESS**

Date of Disbursement

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

Mailing Address PO BOX 744

City  
MINEOLAState  
NYZip Code  
11501

Purpose of Disbursement

ERMK: PRISCILLA FRENCH-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**RICE, KATHLEEN, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: NY

District: 04

Category/  
Type

FEC Identification Number

**C** C00555813**Transaction ID : EXPB12333**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KLOBUCHAR FOR MINNESOTA**

Date of Disbursement

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

Mailing Address PO BOX 4146

City  
ST PAULState  
MNZip Code  
55104

Purpose of Disbursement

ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**KLOBUCHAR, AMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MN

District:

Category/  
Type

FEC Identification Number

**C** C00431353**Transaction ID : EXPB12330**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KLOBUCHAR FOR MINNESOTA**

Date of Disbursement

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

Mailing Address PO BOX 4146

City  
ST PAULState  
MNZip Code  
55104

Purpose of Disbursement

ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**KLOBUCHAR, AMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MN

District:

Category/  
Type

FEC Identification Number

**C** C00431353**Transaction ID : EXPB12331**

Amount of Each Disbursement this Period

5.00

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

25.00

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

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

PAGE 99 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City  
ST PAULState  
MNZip Code  
55104

Purpose of Disbursement

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

Candidate Name

**KLOBUCHAR, AMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MN

District:

Date of Disbursement

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

FEC Identification Number

**C** C00431353**Transaction ID : EXPB12332**

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 YORKState  
NYZip Code  
10128

Purpose of Disbursement

ERMK: PRISCILLA FRENCH-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MALONEY, CAROLYN, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: NY

District: 12

Date of Disbursement

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

FEC Identification Number

**C** C00273169**Transaction ID : EXPB12329**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

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

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12317**

Amount of Each Disbursement this Period

10.00

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

25.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12318**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

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

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12319**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

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

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12320**

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).....▶

510.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: CONNIE PRICE-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12321**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: AMANDA SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12322**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: ANNE FRAHN-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12323**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

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

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

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

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12324**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: ANNE HITZ-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

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

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12325**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: JAN KANG-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

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

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12326**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: ROBYN HELMLINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

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

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12327**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: SUZI ALEXANDER-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

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

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12328**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROBIN KELLY FOR CONGRESS**

Mailing Address PO BOX 6953

City  
CHICAGOState  
ILZip Code  
60680

Purpose of Disbursement

ERMK: PRISCILLA FRENCH-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**KELLY, ROBIN, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: IL

District: 02

Date of Disbursement

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

FEC Identification Number

**C** C00539866**Transaction ID : EXPB12316**

Amount of Each Disbursement this Period

10.00

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

2010.00

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



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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City  
EAST LANSINGState  
MIZip Code  
48826

Purpose of Disbursement

ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**STABENOW, DEBBIE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MI

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00344473**Transaction ID : EXPB12313**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City  
EAST LANSINGState  
MIZip Code  
48826

Purpose of Disbursement

ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**STABENOW, DEBBIE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MI

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00344473**Transaction ID : EXPB12314**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City  
EAST LANSINGState  
MIZip Code  
48826

Purpose of Disbursement

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

Candidate Name

**STABENOW, DEBBIE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MI

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00344473**Transaction ID : EXPB12315**

Amount of Each Disbursement this Period

5.00

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

20.00



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

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

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

NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701

Purpose of Disbursement

ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**BALDWIN, TAMMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00326801**Transaction ID : EXPB12309**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701

Purpose of Disbursement

ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**BALDWIN, TAMMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00326801**Transaction ID : EXPB12310**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701

Purpose of Disbursement

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

Candidate Name

**BALDWIN, TAMMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00326801**Transaction ID : EXPB12311**

Amount of Each Disbursement this Period

5.00

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

20.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701

Purpose of Disbursement

ERMK: PRISCILLA FRENCH-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**BALDWIN, TAMMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00326801**Transaction ID : EXPB12312**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

City  
BOSTONState  
MAZip Code  
02129

Purpose of Disbursement

ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT  
NOT AFFECTED

Candidate Name

**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MA

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00500843**Transaction ID : EXPB12304**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

City  
BOSTONState  
MAZip Code  
02129

Purpose of Disbursement

ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MA

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00500843**Transaction ID : EXPB12305**

Amount of Each Disbursement this Period

5.00

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

20.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

City  
BOSTONState  
MAZip Code  
02129

Purpose of Disbursement

ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MA

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00500843**Transaction ID : EXPB12306**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

City  
BOSTONState  
MAZip Code  
02129

Purpose of Disbursement

ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MA

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00500843**Transaction ID : EXPB12307**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

City  
BOSTONState  
MAZip Code  
02129

Purpose of Disbursement

ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**WARREN, ELIZABETH, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MA

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00500843**Transaction ID : EXPB12308**

Amount of Each Disbursement this Period

5.00

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

20.00

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

PAGE 108 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

**FEINSTEIN, DIANE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: CA

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

FEC Identification Number

**C** C00539890**Transaction ID : EXPB12299**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**FEINSTEIN, DIANE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: CA

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

FEC Identification Number

**C** C00539890**Transaction ID : EXPB12300**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**FEINSTEIN, DIANE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: CA

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

FEC Identification Number

**C** C00539890**Transaction ID : EXPB12301**

Amount of Each Disbursement this Period

10.00

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

20.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**FEINSTEIN, DIANE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00539890**Transaction ID : EXPB12302**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**FEINSTEIN, DIANE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00539890**Transaction ID : EXPB12303**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MARIA**

Mailing Address PO BOX 12740

City  
SEATTLEState  
WAZip Code  
98111

Purpose of Disbursement

ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT  
NOT AFFECTED

Candidate Name

**CANTWELL, MARIA, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00349506**Transaction ID : EXPB12294**

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)..... ►

1	5	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MARIA**

Mailing Address PO BOX 12740

City  
SEATTLEState  
WAZip Code  
98111

Purpose of Disbursement

ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**CANTWELL, MARIA, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: WA

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00349506**Transaction ID : EXPB12295**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MARIA**

Mailing Address PO BOX 12740

City  
SEATTLEState  
WAZip Code  
98111

Purpose of Disbursement

ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**CANTWELL, MARIA, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State: WA

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00349506**Transaction ID : EXPB12296**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MARIA**

Mailing Address PO BOX 12740

City  
SEATTLEState  
WAZip Code  
98111

Purpose of Disbursement

ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**CANTWELL, MARIA, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: WA

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00349506**Transaction ID : EXPB12297**

Amount of Each Disbursement this Period

5.00

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

20.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MARIA**

Mailing Address PO BOX 12740

City  
SEATTLEState  
WAZip Code  
98111

Purpose of Disbursement

ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**CANTWELL, MARIA, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00349506**Transaction ID : EXPB12298**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City  
HONOLULUState  
HIZip Code  
96809

Purpose of Disbursement

ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT  
NOT AFFECTED

Candidate Name

**HIRONO, MAZIE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: HI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00420760**Transaction ID : EXPB12289**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City  
HONOLULUState  
HIZip Code  
96809

Purpose of Disbursement

ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**HIRONO, MAZIE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: HI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00420760**Transaction ID : EXPB12290**

Amount of Each Disbursement this Period

5.00

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

15.00

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



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

PAGE 112 OF 142

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

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

NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City  
HONOLULUState  
HIZip Code  
96809

Purpose of Disbursement

ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**HIRONO, MAZIE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: HI

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00420760**Transaction ID : EXPB12291**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City  
HONOLULUState  
HIZip Code  
96809

Purpose of Disbursement

ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**HIRONO, MAZIE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: HI

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00420760**Transaction ID : EXPB12292**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City  
HONOLULUState  
HIZip Code  
96809

Purpose of Disbursement

ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**HIRONO, MAZIE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: HI

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00420760**Transaction ID : EXPB12293**

Amount of Each Disbursement this Period

5.00

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

20.00



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

PAGE 113 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. GILLIBRAND FOR SENATE**

Mailing Address 313 C STREET, NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

**GILLIBRAND, KIRSTEN ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: NY

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00413914**Transaction ID : EXPB12284**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GILLIBRAND FOR SENATE**

Mailing Address 313 C STREET, NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**GILLIBRAND, KIRSTEN ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: NY

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00413914**Transaction ID : EXPB12285**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GILLIBRAND FOR SENATE**

Mailing Address 313 C STREET, NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**GILLIBRAND, KIRSTEN ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: NY

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00413914**Transaction ID : EXPB12286**

Amount of Each Disbursement this Period

10.00

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

20.00

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

PAGE 114 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. GILLIBRAND FOR SENATE**

Mailing Address 313 C STREET, NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**GILLIBRAND, KIRSTEN ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: NY

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00413914**Transaction ID : EXPB12287**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GILLIBRAND FOR SENATE**

Mailing Address 313 C STREET, NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**GILLIBRAND, KIRSTEN ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State: NY

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00413914**Transaction ID : EXPB12288**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City  
BISMARCKState  
NDZip Code  
58502

Purpose of Disbursement

ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

**HEITKAMP, HEIDI, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: ND

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00505552**Transaction ID : EXPB12279**

Amount of Each Disbursement this Period

5.00

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

15.00

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

PAGE 115 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City  
BISMARCKState  
NDZip Code  
58502

Purpose of Disbursement

ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED  
Candidate Name**HEITKAMP, HEIDI, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: ND

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00505552**Transaction ID : EXPB12280**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City  
BISMARCKState  
NDZip Code  
58502

Purpose of Disbursement

ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED  
Candidate Name**HEITKAMP, HEIDI, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State: ND

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00505552**Transaction ID : EXPB12281**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City  
BISMARCKState  
NDZip Code  
58502

Purpose of Disbursement

ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED  
Candidate Name**HEITKAMP, HEIDI, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: ND

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00505552**Transaction ID : EXPB12282**

Amount of Each Disbursement this Period

5.00

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

20.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City  
BISMARCKState  
NDZip Code  
58502

Purpose of Disbursement

ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**HEITKAMP, HEIDI, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: ND

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00505552**Transaction ID : EXPB12283**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City  
ST PAULState  
MNZip Code  
55104

Purpose of Disbursement

ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

**KLOBUCHAR, AMY, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MN

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00431353**Transaction ID : EXPB12274**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City  
ST PAULState  
MNZip Code  
55104

Purpose of Disbursement

ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**KLOBUCHAR, AMY, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MN

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00431353**Transaction ID : EXPB12275**

Amount of Each Disbursement this Period

5.00

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

15.00

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

PAGE 117 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City  
ST PAULState  
MNZip Code  
55104

Purpose of Disbursement

ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**KLOBUCHAR, AMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MN

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00431353**Transaction ID : EXPB12276**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City  
ST PAULState  
MNZip Code  
55104

Purpose of Disbursement

ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**KLOBUCHAR, AMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MN

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00431353**Transaction ID : EXPB12277**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City  
ST PAULState  
MNZip Code  
55104

Purpose of Disbursement

ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**KLOBUCHAR, AMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MN

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00431353**Transaction ID : EXPB12278**

Amount of Each Disbursement this Period

5.00

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

20.00

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

PAGE 118 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12256**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: MICHELE DAUBER-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12257**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: MICHELLE DE BLANK-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12258**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

PAGE 119 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: SARAH SANDS-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12259**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: JOANN LOULAN-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12260**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: LAURE WOODS-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12261**

Amount of Each Disbursement this Period

1000.00

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

3000.00



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

PAGE 120 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130Purpose of Disbursement  
ERMK: HONOR FULLERTON STONE-TRANSMITTED BY CHECK. PAC  
LIMIT NOT AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: MO District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12262**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130Purpose of Disbursement  
ERMK: ALEXANDRA ACKER-LYONS-TRANSMITTED BY CHECK. PAC  
LIMIT NOT AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: MO District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12263**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130Purpose of Disbursement  
ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT  
NOT AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: MO District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12264**

Amount of Each Disbursement this Period

5.00

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

1030.00

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



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

PAGE 121 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12265**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12266**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: JENNIFER DIBRIENZA-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12267**

Amount of Each Disbursement this Period

1000.00

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

2005.00

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

PAGE 122 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: LYNNE ROYER-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12268**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12269**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12270**

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)..... ►

1015.00

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

PAGE 123 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12271**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: CATHERINE CRYSTAL FOSTER-TRANSMITTED BY CHECK. PAC  
LIMIT NOT AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12272**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12273**

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)..... ►

1505.00

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

PAGE 124 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City  
EAST LANSINGState  
MIZip Code  
48826

Purpose of Disbursement

ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

**STABENOW, DEBBIE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MI

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

FEC Identification Number

**C** C00344473**Transaction ID : EXPB12251**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City  
EAST LANSINGState  
MIZip Code  
48826

Purpose of Disbursement

ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**STABENOW, DEBBIE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MI

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

FEC Identification Number

**C** C00344473**Transaction ID : EXPB12252**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City  
EAST LANSINGState  
MIZip Code  
48826

Purpose of Disbursement

ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**STABENOW, DEBBIE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MI

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

FEC Identification Number

**C** C00344473**Transaction ID : EXPB12253**

Amount of Each Disbursement this Period

10.00

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

20.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City  
EAST LANSINGState  
MIZip Code  
48826

Purpose of Disbursement

ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**STABENOW, DEBBIE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00344473**Transaction ID : EXPB12254**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City  
EAST LANSINGState  
MIZip Code  
48826

Purpose of Disbursement

ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**STABENOW, DEBBIE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00344473**Transaction ID : EXPB12255**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701

Purpose of Disbursement

ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT  
NOT AFFECTED

Candidate Name

**BALDWIN, TAMMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00326801**Transaction ID : EXPB12246**

Amount of Each Disbursement this Period

5.00

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

15.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701

Purpose of Disbursement

ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**BALDWIN, TAMMY, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: WI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00326801**Transaction ID : EXPB12247**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701

Purpose of Disbursement

ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**BALDWIN, TAMMY, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State: WI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00326801**Transaction ID : EXPB12248**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701

Purpose of Disbursement

ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**BALDWIN, TAMMY, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: WI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00326801**Transaction ID : EXPB12249**

Amount of Each Disbursement this Period

5.00

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

20.00

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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701

Purpose of Disbursement

ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED  
Candidate Name**BALDWIN, TAMMY, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: WI

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00326801**Transaction ID : EXPB12250**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELECTING WOMEN SAN FRANCISCO PAC**

Mailing Address 393 7TH AVENUE, SUITE 301

City  
SAN FRANCISCOState  
CAZip Code  
94118

Purpose of Disbursement

ERMK: DANA PHILLIPS-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED  
Candidate Name**ELECTING WOMEN SAN FRANCISCO PAC**

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00585687**Transaction ID : EXPB12243**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELECTING WOMEN SAN FRANCISCO PAC**

Mailing Address 393 7TH AVENUE, SUITE 301

City  
SAN FRANCISCOState  
CAZip Code  
94118

Purpose of Disbursement

ERMK: SUSAN MAJESKI-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED  
Candidate Name**ELECTING WOMEN SAN FRANCISCO PAC**

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00585687**Transaction ID : EXPB12244**

Amount of Each Disbursement this Period

1000.00

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

2005.00



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

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. ELECTING WOMEN SAN FRANCISCO PAC**

Mailing Address 393 7TH AVENUE, SUITE 301

City  
SAN FRANCISCOState  
CAZip Code  
94118

Purpose of Disbursement

ERMK: GRACE CHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED  
Candidate Name**ELECTING WOMEN SAN FRANCISCO PAC**

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00585687**Transaction ID : EXPB12245**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

City  
BOSTONState  
MAZip Code  
02129

Purpose of Disbursement

ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT

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

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MA

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00500843**Transaction ID : EXPB12242**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GILLIBRAND FOR SENATE**

Mailing Address 313 C STREET, NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED  
Candidate Name**GILLIBRAND, KIRSTEN ELIZABETH, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: NY

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00413914**Transaction ID : EXPB12241**

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).....▶

1010.00



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

PAGE 129 OF 142

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

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. KAMALA HARRIS FOR SENATE**

Mailing Address 777 S FIGUEROA ST STE 4050

City  
LOS ANGELESState  
CAZip Code  
90017

Purpose of Disbursement

ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**HARRIS, KAMALA, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00571919**Transaction ID : EXPB12240**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City  
ST PAULState  
MNZip Code  
55104

Purpose of Disbursement

ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**KLOBUCHAR, AMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MN

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00431353**Transaction ID : EXPB12239**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: DANA PHILLIPS-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12227**

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).....▶

1010.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 130 OF 142

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: SUSIE HWANG-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12228**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: GRACE CHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12229**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: MARY JANE WEAVER-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12230**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: LINDA KAMRAN-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12231**

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: LAURA POWELL-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12232**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: WESLEY WEISSBERG-TRANSMITTED BY CHECK. PAC LIMIT  
NOT AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12233**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4700.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: ANDREA STERN-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12234**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: COURTNEY MOORE-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12235**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: AMY PEARL-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12236**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: ELIZABETH COLTON-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12237**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: MARY STIMMLER-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12238**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701

Purpose of Disbursement

ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**BALDWIN, TAMMY, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: WI

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	1	7		

FEC Identification Number

**C** C00326801**Transaction ID : EXPB12226**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2005.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 134 OF 142

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH FOR MA INC**

Mailing Address PO BOX 290568

City  
BOSTONState  
MAZip Code  
02129Purpose of Disbursement  
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC  
LIMIT NOT AFFECTED

Candidate Name

**WARREN, ELIZABETH, , ,**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: MA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2017

FEC Identification Number

**C** C00500843**Transaction ID : EXPB12225**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC  
LIMIT NOT AFFECTED

Candidate Name

**FEINSTEIN, DIANE, , ,**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: CA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2017

FEC Identification Number

**C** C00539890**Transaction ID : EXPB12222**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
ERMK: MAXINE MARTINIE-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**FEINSTEIN, DIANE, , ,**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: CA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2017

FEC Identification Number

**C** C00539890**Transaction ID : EXPB12223**

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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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 135 OF 142

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

ERMK: CAROL SONTAG-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**FEINSTEIN, DIANE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2017

FEC Identification Number

**C** C00539890**Transaction ID : EXPB12224**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MARIA**

Mailing Address PO BOX 12740

City  
SEATTLEState  
WAZip Code  
98111

Purpose of Disbursement

ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC  
LIMIT NOT AFFECTED

Candidate Name

**CANTWELL, MARIA, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: WA

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2017

FEC Identification Number

**C** C00349506**Transaction ID : EXPB12221**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City  
HONOLULUState  
HIZip Code  
96809

Purpose of Disbursement

ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC  
LIMIT NOT AFFECTED

Candidate Name

**HIRONO, MAZIE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: HI

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2017

FEC Identification Number

**C** C00420760**Transaction ID : EXPB12218**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 136 OF 142

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City  
HONOLULUState  
HIZip Code  
96809

Purpose of Disbursement

ERMK: MAXINE MARTINIE-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**HIRONO, MAZIE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: HI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	1	7		

FEC Identification Number

**C** C00420760**Transaction ID : EXPB12219**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City  
HONOLULUState  
HIZip Code  
96809

Purpose of Disbursement

ERMK: CAROL SONTAG-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**HIRONO, MAZIE, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: HI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	1	7		

FEC Identification Number

**C** C00420760**Transaction ID : EXPB12220**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GILLIBRAND FOR SENATE**

Mailing Address 313 C STREET, NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC  
LIMIT NOT AFFECTED

Candidate Name

**GILLIBRAND, KIRSTEN ELIZABETH, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: NY

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	1	7		

FEC Identification Number

**C** C00413914**Transaction ID : EXPB12217**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

20.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 137 OF 142

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City  
BISMARCKState  
NDZip Code  
58502Purpose of Disbursement  
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC  
LIMIT NOT AFFECTED

Candidate Name

**HEITKAMP, HEIDI, , ,**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: ND District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2017

FEC Identification Number

**C** C00505552**Transaction ID : EXPB12216**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City  
ST PAULState  
MNZip Code  
55104Purpose of Disbursement  
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC  
LIMIT NOT AFFECTED

Candidate Name

**KLOBUCHAR, AMY, , ,**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2017

FEC Identification Number

**C** C00431353**Transaction ID : EXPB12213**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City  
ST PAULState  
MNZip Code  
55104Purpose of Disbursement  
ERMK: MAXINE MARTINIE-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**KLOBUCHAR, AMY, , ,**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2017

FEC Identification Number

**C** C00431353**Transaction ID : EXPB12214**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 138 OF 142

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City  
ST PAULState  
MNZip Code  
55104

Purpose of Disbursement

ERMK: CAROL SONTAG-TRANSMITTED BY CHECK. PAC LIMIT NOT  
AFFECTED

Candidate Name

**KLOBUCHAR, AMY, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MN

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	1	7		

FEC Identification Number

**C** C00431353**Transaction ID : EXPB12215**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC  
LIMIT NOT AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12210**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: CHARLES SCHULMAN-TRANSMITTED BY CHECK. PAC LIMIT  
NOT AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	1	7		

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12211**

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

265.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 139 OF 142

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City  
ST LOUISState  
MOZip Code  
63130

Purpose of Disbursement

ERMK: JEAN TOM-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**MCCASKILL, CLAIRE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MO

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	3				2	9						2	0	1	7

FEC Identification Number

**C** C00577148**Transaction ID : EXPB12212**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City  
EAST LANSINGState  
MIZip Code  
48826

Purpose of Disbursement

ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT

NOT AFFECTED

Candidate Name

**STABENOW, DEBBIE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State: MI

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	3				2	9						2	0	1	7

FEC Identification Number

**C** C00344473**Transaction ID : EXPB12206**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City  
EAST LANSINGState  
MIZip Code  
48826

Purpose of Disbursement

ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC

LIMIT NOT AFFECTED

Candidate Name

**STABENOW, DEBBIE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MI

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	3				2	9						2	0	1	7

FEC Identification Number

**C** C00344473**Transaction ID : EXPB12207**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2005.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 140 OF 142

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMENCOUNT PAC**

Full Name (Last, First, Middle Initial)

**A. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City  
EAST LANSINGState  
MIZip Code  
48826

Purpose of Disbursement

ERMK: DIANE ZACK-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**STABENOW, DEBBIE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	1	7		

FEC Identification Number

**C** C00344473**Transaction ID : EXPB12208**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City  
EAST LANSINGState  
MIZip Code  
48826

Purpose of Disbursement

ERMK: DEBORAH WEXLER-TRANSMITTED BY CHECK. PAC LIMIT NOT

AFFECTED

Candidate Name

**STABENOW, DEBBIE, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State: MI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	1	7		

FEC Identification Number

**C** C00344473**Transaction ID : EXPB12209**

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISONState  
WIZip Code  
53701

Purpose of Disbursement

ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC

LIMIT NOT AFFECTED

Candidate Name

**BALDWIN, TAMMY, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: WI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	1	7		

FEC Identification Number

**C** C00326801**Transaction ID : EXPB12205**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3705.00

**TOTAL** This Period (last page this line number only).....▶

47525.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 141 OF 142

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
**WOMENCOUNT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**HANSON BRIDGETT LLP**

Nature of Debt (Purpose):

LEGAL AND COMPLIANCE

Mailing Address 425 MARKET STREET, 26TH FLOOR

City  
SAN FRANCISCOState  
CAZip Code  
94105

Outstanding Balance Beginning This Period

1305.00

Transaction ID : PAYD3367

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1305.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**HARVEY, MEGHAN, , ,**

Nature of Debt (Purpose):

SOCIAL MEDIA COMMUNICATIONS

Mailing Address 5425 CHARLOTTE WAY

City  
LIVERMOREState  
CAZip Code  
94550

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD12464

Amount Incurred This Period

18.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.75

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  
SAN FRANCISCOState  
CAZip Code  
94118

Outstanding Balance Beginning This Period

1992.50

Transaction ID : PAYD9591

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1992.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

3316.25

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 142 OF 142

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
**WOMENCOUNT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**VIEW AVENUE GROUP**Nature of Debt (Purpose):  
COMPLIANCE/REPORTING

Mailing Address 393 7TH AVENUE, SUITE 301

City  
SAN FRANCISCOState  
CAZip Code  
94118

Outstanding Balance Beginning This Period

3007.50

Transaction ID : PAYD9592

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3007.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**VIEW AVENUE GROUP**Nature of Debt (Purpose):  
COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City  
SAN FRANCISCOState  
CAZip Code  
94118

Outstanding Balance Beginning This Period

1890.94

Transaction ID : PAYD11385

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1890.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**VIEW AVENUE GROUP**Nature of Debt (Purpose):  
COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City  
SAN FRANCISCOState  
CAZip Code  
94118

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD12409

Amount Incurred This Period

2501.05

Payment This Period

0.00

Outstanding Balance at Close of This Period

2501.05

1) **SUBTOTALS** This Period This Page (optional)..... ►

7399.49

2) **TOTALS** This Period (last page this line number only)..... ►

10715.74

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) ►

10715.74