

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2017 JAN 31 AM 11:46

Office Use Only

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

MODERN REPUBLICAN WOMEN

ADDRESS (number and street) 732 EDEN WAY N.

Check if different than previously reported. (ACC) 5 4 2 S U I T E  
C H E S A P E A K E V A 2 3 3 2 0

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00558379

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |                                                                                  |
|--------------------------------------|--------------------------------------|---------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11)<br><small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12)<br><small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                                             |

- (c) 12-Day PRE-Election Report for the:
- |                                           |                                        |                                       |
|-------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on MM / DD / YYYY in the State of   

- (d) 30-Day POST-Election Report for the:
- |                                        |                                       |                                        |
|----------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|----------------------------------------|---------------------------------------|----------------------------------------|

Election on MM / DD / YYYY in the State of   

5. Covering Period MM / DD / YYYY 1 1 / 29 / 2016 through MM / DD / YYYY 1 2 / 3 1 / 2 0 1 6

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

Type or Print Name of Treasurer DACIA MARXRIESER

Signature of Treasurer  Date MM / DD / YYYY 0 1 / 2 6 / 2 0 1 7

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									
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**FEC FORM 3X**  
Rev. 05/2016

2017-01-31 11:46 AM RECEIVED

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**MODERN REPUBLICAN WOMEN**

Report Covering the Period: From: 

M	M
1	1

 / 

D	D	D
2	9	

 / 

Y	Y	Y	Y	Y	Y
2	0	1	6		

 To: 

M	M
1	2

 / 

D	D	D
3	1	

 / 

Y	Y	Y	Y	Y	Y
2	0	1	6		

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>6</td><td></td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	2	0	1	6			<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>2372.71</td></tr></table>	2372.71
Y	Y	Y	Y	Y	Y											
2	0	1	6													
2372.71																
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>1620.12</td></tr></table>	1620.12														
1620.12																
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>2015.00</td></tr></table>	2015.00	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>3967.31</td></tr></table>	3967.31												
2015.00																
3967.31																
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>3635.12</td></tr></table>	3635.12	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>6340.02</td></tr></table>	6340.02												
3635.12																
6340.02																
7. Total Disbursements (from Line 31).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>2328.32</td></tr></table>	2328.32	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>5033.22</td></tr></table>	5033.22												
2328.32																
5033.22																
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>1306.80</td></tr></table>	1306.80	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>1306.80</td></tr></table>	1306.80												
1306.80																
1306.80																
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>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 border="1" style="width: 100%; border-collapse: collapse;"><tr><td>0.00</td></tr></table>	0.00														
0.00																

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

**For further information contact:**

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

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

NON-FEDERAL CAMPAIGN FINANCING

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**MODERN REPUBLICAN WOMEN**

Report Covering the Period: From:

MM / DD / YYYY  
11 / 29 / 2016

To:

MM / DD / YYYY  
12 / 31 / 2016

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1065.00

1575.00

(ii) Unitemized.....

950.00

2392.31

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

2015.00

3967.31

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

2015.00

3967.31

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

0.00

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)).....▶

2015.00

3967.31

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

2015.00

3967.31

NON-FEDERAL AND LEVIN FUNDS

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share .....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2328.32	5033.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2328.32	5033.22
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	0.00	0.00
26. Loan Repayments Made .....	0.00	0.00
27. Loans Made .....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations) .....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c); 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2328.32	5033.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	2328.32	5033.22

NON-FEDERAL AND OTHER DISBURSEMENTS

**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) .....	2015.00	3967.31
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2015.00	3967.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2328.32	5033.22
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2328.32	5033.22

NON-FEDERAL CAMPAIGN

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

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

FOR LINE NUMBER: PAGE 1 OF 2  
(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
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)  
**MODERN REPUBLICAN WOMEN**

**A. Matheson, Dawn**

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

Mailing Address  
**1049 Shoal Creek Trail**

City **Chesapeake** State **VA** Zip Code **23320**

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

Name of Employer (for Individual) **Matheson Group** Occupation (for Individual) **Manager**

Receipt For:  
 Primary  General  
 Other (specify) **Program fee**

Aggregate Year-to-Date **875.00**

Date of Receipt **12 / 13 / 2016**

Amount of Each Receipt this Period **315.00**

Memo Item

**B. Krup, Pattyanne**

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

Mailing Address  
**1302 Greens Edge Court**

City **Chesapeake** State **VA** Zip Code **23320**

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

Name of Employer (for Individual) **N/A** Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) **Program fee**

Aggregate Year-to-Date **350.00**

Date of Receipt **12 / 13 / 2016**

Amount of Each Receipt this Period **250.00**

Memo Item

**C. Crawford, Karen**

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

Mailing Address  
**4036 E. Ocean View Ave.**

City **Norfolk** State **VA** Zip Code **223518**

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

Name of Employer (for Individual) **KB Crawford Consulting** Occupation (for Individual) **Consultant**

Receipt For:  
 Primary  General  
 Other (specify) **Program fee**

Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 13 / 2016**

Amount of Each Receipt this Period **250.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **815.00**

**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 2 OF 2  
(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)  
**MODERN REPUBLICAN WOMEN**

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

Date of Receipt  
MM / DD / YYYY  
**12 / 13 / 2016**

Mailing Address  
**301 Castle Forbes Way**

City: **Chesapeake** State: **VA** Zip Code: **23322**

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

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

Receipt For:  
 Primary  General  
 Other (specify) **Program fee**

Aggregate Year-to-Date **250.00**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

Date of Receipt  
MM / DD / YYYY

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

Amount of Each Receipt this Period

Memo Item

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

Date of Receipt  
MM / DD / YYYY

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)  
**KB Crawford Consulting Consultant**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **250.00**

**TOTAL** This Period (last page this line number only)..... **1,065.00**

NON-GOVERNMENTAL ORGANIZATION

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

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

FOR LINE NUMBER:  
(check only one)

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

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)

**MODERN REPUBLICAN WOMEN**

Full Name (Last, First, Middle Initial)

<b>A. Mermaid Winery</b>		Date of Disbursement
Mailing Address 330 W 22nd St.		MM / DD / YYYY 12 / 13 / 2016
City Norfolk	State VA	FEC Identification Number C
Zip Code 23517	Purpose of Disbursement Fundraiser	Amount of Each Disbursement this Period 1331.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 003
State:	District:	

<b>B. Robin Short Jewelry</b>		Date of Disbursement
Mailing Address		MM / DD / YYYY 12 / 13 / 2016
City	State	FEC Identification Number C
Zip Code	Purpose of Disbursement Fundraiser	Amount of Each Disbursement this Period 700.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 003
State:	District:	

<b>C. CRFV LEADS</b>		Date of Disbursement
Mailing Address 7204 Oriole Ave.		MM / DD / YYYY 12 / 14 / 2016
City Springfield	State VA	FEC Identification Number C
Zip Code 22150	Purpose of Disbursement Donation	Amount of Each Disbursement this Period 250.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011
State:	District:	

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

2281.00

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

2281.00

2014-11-10 10:00:00 AM





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80% Post-Consumer

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2017 JAN 31 AM 11:46

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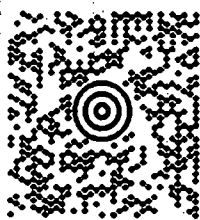
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0.5 LBS LTR 1 OF 1

FROM:  
MRW/PAC  
732 EDEN WAY N.  
CHESAPEAKE VA 23320

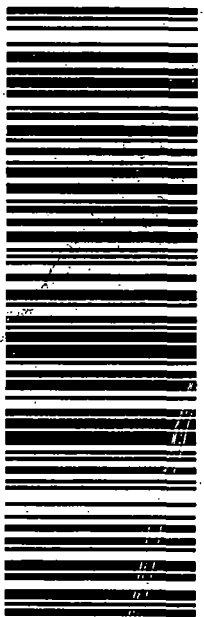
SHIP TO:  
FEC  
999 E STREET, NW  
WASHINGTON DC 20463

REF 1: Form 3X



MD 201 9-83  
edited™

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1P



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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): UPS Shipping Date  
Next Business Day Delivery 11/30/17

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

PREPARER  11/31/17  
 (3/2015) DATE PREPARED

NON-CONFIDENTIAL