

# 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

L PAC

ADDRESS (number and street) PO Box 76940

Check if different than previously reported. (ACC) Washington DC 20013

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

C C00519413

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) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <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 M M / D D / Y Y Y Y Y Y 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 M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 04 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2016

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

Rosen, Hilary, , ,

Type or Print Name of Treasurer

Signature of Treasurer Rosen, Hilary, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 11 / 30 / 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									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

L PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		92680.76
(b) Cash on Hand at Beginning of Reporting Period.....	131874.84	
(c) Total Receipts (from Line 19) .....	551456.64	789971.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	683331.48	882652.10
7. Total Disbursements (from Line 31).....	503300.60	702621.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	180030.88	180030.88
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

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Page 3

Write or Type Committee Name

**L PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y  
04 / 01 / 2016 To: M M / D D / Y Y Y Y  
06 / 30 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29930.80	33700.96
(ii) Unitemized .....	1031.64	1623.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	30962.44	35324.12
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	6075.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	35962.44	41399.12
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.).....	515494.20	748572.22
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)).....▶	551456.64	789971.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	551456.64	789971.34

**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 .....	3529.73	3749.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3529.73	3749.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53180.80	66450.96
24. Independent Expenditures (use Schedule E) .....	2022.22	2022.22
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).....	444567.85	630399.01
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)) ..	503300.60	702621.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	503300.60	702621.22

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	35962.44	41399.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35962.44	41399.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3529.73	3749.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3529.73	3749.03

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Agrama, Jehan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 259 S Windsor Blvd  
 City Los Angeles State CA Zip Code 90004-3819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harmony Gold Occupation (for Individual) Media Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 07 / 2016  
**Transaction ID : VNW3HEEA5W9**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Bailey, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30799 Pinetree Rd # 301  
 City Pepper Pike State OH Zip Code 44124-5903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 03 / 2016  
**Transaction ID : VNW3HEA3PQ8**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Bechdel, Alison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1915 Notch Rd  
 City Jericho State VT Zip Code 05465-9568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Cartoonist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2016  
**Transaction ID : VNW3HEEY7R8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 135
<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)  
**L PAC**

**A. Bowers, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24286 Reynolds Pond Rd  
 City Milton State DE Zip Code 19968-2699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) Retired  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2016  
**Transaction ID : VNW3HEATFT0**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 Earmarked for DONNA EDWARDS FOR CONGRESS

**B. Edwards, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30799 Pinetree Rd # 301  
 City Pepper Pike State OH Zip Code 44124-5903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Tech Investor  
 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  
 04 / 03 / 2016  
**Transaction ID : VNW3HEA3PP0**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Eggers, Lynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 Mullen Ave  
 City San Francisco State CA Zip Code 94110-5331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2016  
**Transaction ID : VNW3HEAFAZ1**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 Earmarked for DENISE JUNEAU FOR CONGRESS

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1270.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 135
<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)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Eldridge, Sean, , ,</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2016
Mailing Address PO Box 524		<b>Transaction ID : VNW3HEATG72</b>
City Garrison	State NY	Zip Code 10524-0524
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) Investor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Joplin, Linda, C, ,</b>		Date of Receipt MM / DD / YYYY 04 / 16 / 2016
Mailing Address 11312 edinburgh dr		<b>Transaction ID : VNW3HEAWCG9</b>
City Westminster	State CA	Zip Code 92683
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) None	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	Earmarked for DONNA EDWARDS FOR CONGRESS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kight, Kate, , ,</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2016
Mailing Address 1629 L St NE Unit 303		<b>Transaction ID : VNW3HEBX6S6</b>
City Washington	State DC	Zip Code 20002-3055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.16
Name of Employer (for Individual) BTC Revolutions	Occupation (for Individual) Communications Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 6.00	Earmarked for STRICKLAND FOR SENATE

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5120.16
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 135
<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)  
**L PAC**

**A. Lannon, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1245 W Foster Ave # 3  
 City Chicago State IL Zip Code 60640-2259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wild Precious Occupation (for Individual) Ex Asst.  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 08 / 2016  
**Transaction ID : VNW3HEAF995**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 Earmarked for DENISE JUNEAU FOR CONGRESS

**B. Lorman, Jen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Conestoga Rd C148  
 City Bryn Mawr State PA Zip Code 19010-1543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Main Line Health Occupation (for Individual) Sleep Tech  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : VNW3HEATH49**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 Earmarked for DONNA EDWARDS FOR CONGRESS

**C. Newstat, Joyce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 California St # 27  
 City San Francisco State CA Zip Code 94109-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Policy Consultant  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : VNW3HEATGZO**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Earmarked for ANGIE CRAIG FOR CONGRESS

**SUBTOTAL** of Receipts This Page (optional).....▶ 1040.32  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Northrop, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 465 W 23rd St  
 Apt 17B  
 City New York State NY Zip Code 10011-2120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Occupation (for Individual) freelance journalist  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 04 / 08 / 2016  
**Transaction ID : VNW3HEAFAN2**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 Earmarked for ANGIE CRAIG FOR CONGRESS

**B. Northrop, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 465 W 23rd St  
 Apt 17B  
 City New York State NY Zip Code 10011-2120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Occupation (for Individual) freelance journalist  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 04 / 08 / 2016  
**Transaction ID : VNW3HEAFAQ8**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 Earmarked for DENISE JUNEAU FOR CONGRESS

**C. Pile, Kathryn, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16407 John Rowland Trl  
 City Milton State DE Zip Code 19968-3548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Promontory Interfinancial Network Occupation (for Individual) Chief Risk Officer  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 05 / 20 / 2016  
**Transaction ID : VNW3HED4WF2**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Earmarked for STRICKLAND FOR SENATE

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 135
	<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)  
**L PAC**

**A. Pile, Kathryn, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16407 John Rowland Trl

City Milton	State DE	Zip Code 19968-3548
----------------	-------------	------------------------

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

Name of Employer (for Individual) Promontory Interfinancial Network	Occupation (for Individual) Chief Risk Officer
--	---

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

**Transaction ID : VNW3HED4WG0**

Amount of Each Receipt this Period  
50.00

Memo Item

Earmarked for PATRICK MURPHY FOR CONGRESS

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

Mailing Address 16407 John Rowland Trl

City Milton	State DE	Zip Code 19968-3548
----------------	-------------	------------------------

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

Name of Employer (for Individual) Promontory Interfinancial Network	Occupation (for Individual) Chief Risk Officer
--	---

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

**Transaction ID : VNW3HED4WH8**

Amount of Each Receipt this Period  
50.00

Memo Item

Earmarked for RUSS FOR WISCONSIN

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

Mailing Address 16407 John Rowland Trl

City Milton	State DE	Zip Code 19968-3548
----------------	-------------	------------------------

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

Name of Employer (for Individual) Promontory Interfinancial Network	Occupation (for Individual) Chief Risk Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

**Transaction ID : VNW3HED4WJ6**

Amount of Each Receipt this Period  
50.00

Memo Item

Earmarked for TAMMY FOR ILLINOIS

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 135
	<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)  
**L PAC**

**A. Pile, Kathryn, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16407 John Rowland Trl

City Milton	State DE	Zip Code 19968-3548
----------------	-------------	------------------------

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

Name of Employer (for Individual) Promontory Interfinancial Network	Occupation (for Individual) Chief Risk Officer
--	---

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

**Transaction ID : VNW3HED4WN0**

Amount of Each Receipt this Period  
50.00

Memo Item

Earmarked for ANGIE CRAIG FOR CONGRESS

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

Mailing Address 16407 John Rowland Trl

City Milton	State DE	Zip Code 19968-3548
----------------	-------------	------------------------

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

Name of Employer (for Individual) Promontory Interfinancial Network	Occupation (for Individual) Chief Risk Officer
--	---

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

**Transaction ID : VNW3HED4WR4**

Amount of Each Receipt this Period  
50.00

Memo Item

Earmarked for DENISE JUNEAU FOR CONGRESS

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

Mailing Address 430 Sheridan Rd

City Wilmette	State IL	Zip Code 60091-2821
------------------	-------------	------------------------

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

Name of Employer (for Individual) Chicago Cubs	Occupation (for Individual) Co-Owner
---	---

Receipt For: 2016  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2016

**Transaction ID : VNW3HEBWCJ8**

Amount of Each Receipt this Period  
1000.00

Memo Item

Earmarked for RUSS FOR WISCONSIN

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 135
<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)  
**L PAC**

**A. Ricketts, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Sheridan Rd  
 City Wilmette State IL Zip Code 60091-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chicago Cubs Occupation (for Individual) Co-Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **06 / 27 / 2016**  
**Transaction ID : VNW3HEG3MB4**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Ritchie, Alix, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30220  
 City Fort Lauderdale State FL Zip Code 33303-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alix Ritchie Consulting Occupation (for Individual) Media Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt **04 / 02 / 2016**  
**Transaction ID : VNW3HEA3MT9**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item  
 Earmarked for TAMMY FOR ILLINOIS

**C. Schneider, Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 606 105th Ave N  
 City Naples State FL Zip Code 34108-1840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) unemployed Occupation (for Individual) unemployed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt **04 / 02 / 2016**  
**Transaction ID : VNW3HEA3M03**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 Earmarked for TAMMY FOR ILLINOIS

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7705.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Sexton, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 NW 12th Ave  
 Unit 802  
 City Portland State OR Zip Code 97209-2995  
 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 ▼ 500.00

Date of Receipt 06 / 05 / 2016  
**Transaction ID : VNW3HEDRCQ9**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Shapiro, Vivian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 147 W 79th St  
 Apt 4A  
 City New York State NY Zip Code 10024-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ps direct inc Occupation (for Individual) media sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 17 / 2016  
**Transaction ID : VNW3HEENM11**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Shipp, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15955 Frederick Rd  
 Apt 1308  
 City Rockville State MD Zip Code 20855-2295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LPAC Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 26 / 2016  
**Transaction ID : VNW3HEC0WD4**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 Earmarked for STRICKLAND FOR SENATE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1520.16  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 135
<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)  
**L PAC**

**A. Skinner Ricketts, Brooke, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Sheridan Rd  
 City Wilmette State IL Zip Code 60091-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Avant Occupation (for Individual) Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 13 / 2016  
**Transaction ID : VNW3HEEBQY6**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Vaid, Urvashi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 W End Ave Apt 10C  
 City New York State NY Zip Code 10023-3664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 22 / 2016  
**Transaction ID : VNW3HEET5J2**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Wilkie, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8611 Zircon Dr SW Unit F3  
 City Lakewood State WA Zip Code 98498-4006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 02 / 2016  
**Transaction ID : VNW3HEA3KV4**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Earmarked for TAMMY FOR ILLINOIS

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10025.00
<b>TOTAL</b> This Period (last page this line number only).....	29930.80

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 135
<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)  
**L PAC**

**A. PLANNED PARENTHOOD ACTION FUND INC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 434 W 33rd St  
City New York State NY Zip Code 10001-2601  
FEC ID number of contributing federal political committee. **C** C00314617  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 01 / 2016  
**Transaction ID : VNW3HEE87Q6**  
Amount of Each Receipt this Period  
5000.00  
 Memo Item

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Adams, Mariam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 584 20th St  
 City Brooklyn State NY Zip Code 11218-1049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWK58**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

**B. Allison, Meryl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 Pound Ridge Rd  
 City Bedford State NY Zip Code 10506-1238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Allison Strategic Consulting, LLC Information Requested Occupation (for Individual) Management Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 13 / 2016  
**Transaction ID : VNW3HEECZD7**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**C. Alotta, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 E 16th St FI 7  
 City New York State NY Zip Code 10003-2159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWP05**  
 Amount of Each Receipt this Period 504.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	958.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**AMERICAN FEDERATION OF TEACHERS, AFL-CIO COMMITTEE ON POLITICAL EDUCATION**

Mailing Address **555 New Jersey Ave NW**

City Washington	State DC	Zip Code 20001-2029
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** **C00028860**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**25000.00**

Date of Receipt  
**04 / 20 / 2016**

**Transaction ID : VNW3HEBQHA4**

Amount of Each Receipt this Period  
**25000.00**

Memo Item

Non-Contribution Account

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

Mailing Address **130 Jane St Apt 5H**

City New York	State NY	Zip Code 10014-1778
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) writer
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**06 / 21 / 2016**

**Transaction ID : VNW3HEES687**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

Non-Contribution Account

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

Mailing Address **434 Vanderbilt Ave # 3**

City Brooklyn	State NY	Zip Code 11238-1505
------------------	-------------	------------------------

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

Name of Employer (for Individual) Google	Occupation (for Individual) Partnerships
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**06 / 16 / 2016**

**Transaction ID : VNW3HEEKAX5**

Amount of Each Receipt this Period  
**250.00**

Memo Item

Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>26250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Angelakis, Jana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 261 W 28th St  
 City New York State NY Zip Code 10001-5933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Citi Habitats Occupation (for Individual) RE Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWKH3**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

**B. Armstrong, Liz, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 367 Pearl St  
 City Boulder State CO Zip Code 80302-4928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) info requested Occupation (for Individual) info requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt **05 / 09 / 2016**  
**Transaction ID : VNW3HECNMG6**  
 Amount of Each Receipt this Period 4000.00  
 Memo Item  
 Non-Contribution Account

**C. Arnstein, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Central Park W Apt 5A  
 City New York State NY Zip Code 10023-6006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **04 / 27 / 2016**  
**Transaction ID : VNW3HEC0ZZ1**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 6204.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Asher, Desiree, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2016
Mailing Address 350 E Las Olas Blvd Ste 1900		<b>Transaction ID : VNW3HEE1M07</b>
City Fort Lauderdale	State FL	Zip Code 33301-4217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Child Rescue Coalition	Occupation (for Individual) Managing Director	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Asher, Desiree, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2016
Mailing Address 350 E Las Olas Blvd Ste 1900		<b>Transaction ID : VNW3HEENAR1</b>
City Fort Lauderdale	State FL	Zip Code 33301-4217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Child Rescue Coalition	Occupation (for Individual) Managing Director	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Astuni, Arianna, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 125 Johnson St		<b>Transaction ID : VNW3HEFWPV8</b>
City Highland Park	State NJ	Zip Code 08904-2212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) Information Requested	Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 204.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1454.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Baron Sherman, Jayne, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 29 / 2016
Mailing Address 7 E 14th St Php		<b>Transaction ID : VNW3HEF6420</b>
City New York	State NY	Zip Code 10003-3115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer (for Individual) self	Occupation (for Individual) producer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bayles, Autumn, R, ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2016
Mailing Address 407 Green St Apt F		<b>Transaction ID : VNW3HEFWR32</b>
City Philadelphia	State PA	Zip Code 19123-2810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) Aramark	Occupation (for Individual) Management	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bell, Ashley, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2016
Mailing Address 400 5th Ave		<b>Transaction ID : VNW3HEFWS92</b>
City New York	State NY	Zip Code 10018-2753
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) self	Occupation (for Individual) Marketing Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 204.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2408.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bennett, James, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 14 / 2016
Mailing Address 5353 N Magnolia Ave		<b>Transaction ID : VNW3HEEH2J5</b>
City Chicago	State IL	Zip Code 60640-2204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer (for Individual) Lambda Legal	Occupation (for Individual) Regional Director	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Berlin, Valerie, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 620 10th St		<b>Transaction ID : VNW3HEFWPM3</b>
City Brooklyn	State NY	Zip Code 11215-4410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) Self	Occupation (for Individual) Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Block, Patricia, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 547 Chestertown St		<b>Transaction ID : VNW3HEFWR40</b>
City Gaithersburg	State MD	Zip Code 20878-5717
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 504.00
Name of Employer (for Individual) Block Law, LLC	Occupation (for Individual) Attorney	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 504.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2708.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bobby, Lisa, , ,</b>			Date of Receipt
Mailing Address 2A Colby Ct			<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2016"/>
City Lincoln Park	State NJ	Zip Code 07035-2036	<b>Transaction ID : VNW3HEEBGH8</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Tennis Professional	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bratcher, Diane, , ,</b>			Date of Receipt
Mailing Address 900 W End Ave			<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City New York	State NY	Zip Code 10025-3547	<b>Transaction ID : VNW3HEFWM83</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="204.00"/>
Name of Employer (for Individual) NYCERS		Occupation (for Individual) MANAGER	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="204.00"/>		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Burke, Elizabeth, , ,</b>			Date of Receipt
Mailing Address 11835 Queens Blvd			<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City Forest Hills	State NY	Zip Code 11375-7200	<b>Transaction ID : VNW3HEFWJS3</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="504.00"/>
Name of Employer (for Individual) Information Requested		Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="504.00"/>		Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1008.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Cannistraci, Lisa, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2016
Mailing Address 438 Hudson St		<b>Transaction ID : VNW3HEE9J39</b>
City New York	State NY	Zip Code 10014-3781
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Henrietta Hudson	Occupation (for Individual) bar owner	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Carroll, Fran, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 303 W 66th St		<b>Transaction ID : VNW3HEFWPQ7</b>
City New York	State NY	Zip Code 10023-6305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 306.00
Name of Employer (for Individual) Information Requested	Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 306.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Cathcart, Kevin, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 20 E 9th St 19E		<b>Transaction ID : VNW3HEFWNMO</b>
City New York	State NY	Zip Code 10003-5944
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) N/A	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	856.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Christy Webber Landscapes**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2900 W Ferdinand St  
 City Chicago State IL Zip Code 60612-1640  
 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 ▼ 5000.00

Date of Receipt 05 / 31 / 2016  
**Transaction ID : VNW3HEDFNA6**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-Contribution Account

**B. Clifford, Stewart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 492 Unit 6  
 City Provincetown State MA Zip Code 02657-0492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Stewart Clifford Gallery Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 26 / 2016  
**Transaction ID : VNW3HEF0MH4**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**C. Clifford, Stewart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 492 Unit 6  
 City Provincetown State MA Zip Code 02657-0492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Stewart Clifford Gallery Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 26 / 2016  
**Transaction ID : VNW3HEF0MJ2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Cohen, Julia, , ,</b>		Date of Receipt MM / DD / YYYY <b>06 / 16 / 2016</b>
Mailing Address 7910 34th Ave		<b>Transaction ID : VNW3HEFWJE6</b>
City Jackson Heights	State NY	Zip Code 11372-2437
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>504.00</b>
Name of Employer (for Individual) Information Requested	Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>504.00</b>	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Coleman, Kay, , ,</b>		Date of Receipt MM / DD / YYYY <b>05 / 31 / 2016</b>
Mailing Address 2658 Del Mar Heights Rd Unit 262		<b>Transaction ID : VNW3HEDHAH4</b>
City Del Mar	State CA	Zip Code 92014-3100
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer (for Individual) Self	Occupation (for Individual) management consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Columbia-Walsh, Meg, , ,</b>		Date of Receipt MM / DD / YYYY <b>06 / 16 / 2016</b>
Mailing Address 190 Christopher Columbus Dr		<b>Transaction ID : VNW3HEEMSA3</b>
City Jersey City	State NJ	Zip Code 07302-3432
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>5000.00</b>
Name of Employer (for Individual) Wylei, Inc.	Occupation (for Individual) CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>5000.00</b>	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>6504.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 135
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

**A. Connelly, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 Pineapple St  
 City Brooklyn State NY Zip Code 11201-6842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Snap+Style Occupation (for Individual) CRO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWK90**  
 Amount of Each Receipt this Period 408.00  
 Memo Item  
 Non-Contribution Account

**B. Connelly, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 Pineapple St  
 City Brooklyn State NY Zip Code 11201-6842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Snap+Style Occupation (for Individual) CRO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 428.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : VNW3HEF8CK6**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Non-Contribution Account

**C. Cooper, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 658 Union St Apt 2  
 City Brooklyn State NY Zip Code 11215-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fordham University Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 09 / 2016  
**Transaction ID : VNW3HEE9F17**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	678.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Coulton, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 148 14th St  
 City Brooklyn State NY Zip Code 11215-4707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) musician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWMP3**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

**B. Crabtree, Kimberly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 High Mountain Rd  
 City Ringwood State NJ Zip Code 07456-2508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWQH0**  
 Amount of Each Receipt this Period 248.00  
 Memo Item  
 Non-Contribution Account

**C. Cury, Lynda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 W 86th St  
 City New York State NY Zip Code 10024-4028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWMX8**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	656.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Davis, Dorothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8111 Margaret Pl  
 City Glendale State NY Zip Code 11385-8044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWMY6**  
 Amount of Each Receipt this Period 248.00  
 Memo Item  
 Non-Contribution Account

**B. Davis, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 147 E 19th St  
 City New York State NY Zip Code 10003-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 09 / 2016**  
**Transaction ID : VNW3HECNMT5**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

**C. Dee, Sally, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3508 W Barcelona St  
 City Tampa State FL Zip Code 33629-7010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Playbook Public Relations Occupation (for Individual) PR/Marketing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 852.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEEN5Q1**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1748.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

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

Mailing Address 3508 W Barcelona St

City Tampa	State FL	Zip Code 33629-7010
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Playbook Public Relations	Occupation (for Individual) PR/Marketing
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
852.00

Date of Receipt  
06 / 16 / 2016  
**Transaction ID : VNW3HEFWS1**

Amount of Each Receipt this Period  
252.00

Memo Item

Non-Contribution Account

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

Mailing Address 2414 Tracy PI NW

City Washington	State DC	Zip Code 20008-1627
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Schiavi Seeds	Occupation (for Individual) COO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
32148.00

Date of Receipt  
06 / 16 / 2016  
**Transaction ID : VNW3HEFWN36**

Amount of Each Receipt this Period  
496.00

Memo Item

Non-Contribution Account

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

Mailing Address 2414 Tracy PI NW

City Washington	State DC	Zip Code 20008-1627
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Schiavi Seeds	Occupation (for Individual) COO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
32148.00

Date of Receipt  
06 / 16 / 2016  
**Transaction ID : VNW3HEFWN44**

Amount of Each Receipt this Period  
3140.00

Memo Item

Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3888.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Dixon, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2414 Tracy PI NW  
 City Washington State DC Zip Code 20008-1627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Schiavi Seeds Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 32148.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWN52**  
 Amount of Each Receipt this Period 3512.00  
 Memo Item  
 Non-Contribution Account

**B. Edwards, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30799 Pinetree Rd # 301  
 City Pepper Pike State OH Zip Code 44124-5903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Tech Investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWQD8**  
 Amount of Each Receipt this Period 1008.00  
 Memo Item  
 Non-Contribution Account

**C. Ellison, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 Jane St Apt 5H  
 City New York State NY Zip Code 10014-1778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Occupation (for Individual) writer/minister/counselor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 09 / 2016  
**Transaction ID : VNW3HEE6ES1**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4770.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. ESMILLA, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 Bay St  
 City Staten Island State NY Zip Code 10301-2504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWQX5**  
 Amount of Each Receipt this Period 480.00  
 Memo Item  
 Non-Contribution Account

**B. Felicio, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 Westchester Rd 39  
 City Jamaica Plain State MA Zip Code 02130-3451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Community Catalyst Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **06 / 13 / 2016**  
**Transaction ID : VNW3HEECZC9**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**C. Fey, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 176 S Merkle Rd  
 City Bexley State OH Zip Code 43209-1938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fey Law Office Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWNV5**  
 Amount of Each Receipt this Period 408.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 1388.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Field, Amelia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 456 7th Ave  
 City Brooklyn State NY Zip Code 11215-5574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWRW0**  
 Amount of Each Receipt this Period 248.00  
 Memo Item  
 Non-Contribution Account

**B. FitzGerald, Margaret, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Millford Dr  
 City Locust Valley State NY Zip Code 11560-1224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Architect  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWQP0**  
 Amount of Each Receipt this Period 248.00  
 Memo Item  
 Non-Contribution Account

**C. Fluharty, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Springhouse Cir  
 City Manalapan State NJ Zip Code 07726-4123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWKE9**  
 Amount of Each Receipt this Period 504.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Franz, Joy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 233 W 21st St  
 City New York State NY Zip Code 10011-3115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Actress  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 20 / 2016**  
**Transaction ID : VNW3HED5300**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**B. Futterman, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 Riverside Dr  
 City New York State NY Zip Code 10025-7755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Montefiore Medical Center Occupation (for Individual) Pediatrician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWRF7**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

**C. Gary, Tracy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2223 Centro East St  
 City Belvedere Tiburon State CA Zip Code 94920-1947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Philanthropic Advisor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 22 / 2016**  
**Transaction ID : VNW3HEET611**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1704.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Gay, Faith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 5th Ave  
 3a  
 City New York State NY Zip Code 10011-8843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quinn Emanuel Occupation (for Individual) attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 14 / 2016  
**Transaction ID : VNW3HEEFY4**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

**B. Gay, Faith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 5th Ave  
 3a  
 City New York State NY Zip Code 10011-8843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quinn Emanuel Occupation (for Individual) attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 14 / 2016  
**Transaction ID : VNW3HEEFZA9**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

**C. Gibbon, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1028 7th St NE  
 City Washington State DC Zip Code 20002-3652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Willis Towers Watson Occupation (for Individual) Senior Consulting Actuary  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWNB9**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2204.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Giovanetti, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48 Briarwood Dr  
 City Seymour State CT Zip Code 06483-3045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 204.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWRJ1**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

**B. Going, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 William St 301  
 City Oakland State CA Zip Code 94612-1183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harridon Twncsp Inc Occupation (for Individual) Founder  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 07 / 2016**  
**Transaction ID : VNW3HEDTSG9**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

**C. Gonen, Julianna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4322 Blagden Ave NW  
 City Washington State DC Zip Code 20011-4238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Center for Lesbian Rights Occupation (for Individual) Policy Director  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 408.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWK82**  
 Amount of Each Receipt this Period 408.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1612.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Granot, Amit, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Howe Rd  
 City Newton State MA Zip Code 02459-2614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) x Occupation (for Individual) x  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWKS6**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Non-Contribution Account

**B. Granot, Amit, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Howe Rd  
 City Newton State MA Zip Code 02459-2614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) x Occupation (for Individual) x  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWNK2**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Non-Contribution Account

**C. Gumaer, Janet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Salem Rd  
 City Weston State CT Zip Code 06883-1747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWQA5**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	504.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Gund, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 138 Grand St  
 City New York State NY Zip Code 10013-3132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWN77**  
 Amount of Each Receipt this Period 504.00  
 Memo Item  
 Non-Contribution Account

**B. Gunn, Kelly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 181 Sullivan St 3  
 City New York State NY Zip Code 10012-2661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3024.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWPR5**  
 Amount of Each Receipt this Period 2016.00  
 Memo Item  
 Non-Contribution Account

**C. Gunn, Kelly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 181 Sullivan St 3  
 City New York State NY Zip Code 10012-2661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3024.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWPTO**  
 Amount of Each Receipt this Period 252.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 2772.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Gunn, Kelly, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 181 Sullivan St 3			<b>Transaction ID : VNW3HEFWS19</b>
City New York	State NY	Zip Code 10012-2661	Amount of Each Receipt this Period 504.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) None		Occupation (for Individual) None	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3024.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Gunn, Kelly, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 181 Sullivan St 3			<b>Transaction ID : VNW3HEFWS69</b>
City New York	State NY	Zip Code 10012-2661	Amount of Each Receipt this Period 252.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) None		Occupation (for Individual) None	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3024.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hall, Tresa, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 125 W 76th St Apt 6B			<b>Transaction ID : VNW3HEFWRC3</b>
City New York	State NY	Zip Code 10023-8336	Amount of Each Receipt this Period 372.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Retired		Occupation (for Individual) None	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 372.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1128.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Harper, Mary, , ,</b>		Date of Receipt
Mailing Address 304 Monroe St		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2016"/>
City Kalamazoo	State MI	Zip Code 49006-4436
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VNW3HEEX8Z7</b>
Name of Employer (for Individual) None		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		<input type="checkbox"/> Memo Item
		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Harrell, Michael, , ,</b>		Date of Receipt
Mailing Address 3 E 69th St Apt 5A		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City New York	State NY	Zip Code 10021-4943
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VNW3HEFW527</b>
Name of Employer (for Individual) Law Offices of Michael Harrell		Occupation (for Individual) Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="504.00"/>
		<input type="checkbox"/> Memo Item
		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hart, Jacqueline, , ,</b>		Date of Receipt
Mailing Address 146 Berkeley Pl		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City Brooklyn	State NY	Zip Code 11217-3604
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VNW3HEFWKW0</b>
Name of Employer (for Individual) AJWS		Occupation (for Individual) sociologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		<input type="checkbox"/> Memo Item
		Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2504.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Haycox, Karen, , ,</b>		Date of Receipt
Mailing Address 374 7th St Apt 403		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City Jersey City	State NJ	Zip Code 07302-1877
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VNW3HEFWNE3</b>
Name of Employer (for Individual) Habitat for Humanity NYC		Occupation (for Individual) CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="204.00"/>	Amount of Each Receipt this Period <input type="text" value="204.00"/>
		<input type="checkbox"/> Memo Item
		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Haycox, Karen, , ,</b>		Date of Receipt
Mailing Address 374 7th St Apt 403		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City Jersey City	State NJ	Zip Code 07302-1877
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VNW3HEET763</b>
Name of Employer (for Individual) Habitat for Humanity NYC		Occupation (for Individual) CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="244.00"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>
		<input type="checkbox"/> Memo Item
		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hepner, Mindy, , ,</b>		Date of Receipt
Mailing Address 510 E 20th St Apt 3A		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City New York	State NY	Zip Code 10009-8303
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VNW3HEFWQY3</b>
Name of Employer (for Individual) JFNA		Occupation (for Individual) MANAGER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="204.00"/>	Amount of Each Receipt this Period <input type="text" value="204.00"/>
		<input type="checkbox"/> Memo Item
		Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="448.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Hibsher, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 E 10th St  
 City New York State NY Zip Code 10003-6200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWN93**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

**B. Hite, Amanda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Florida Ave NE Apt 906  
 City Washington State DC Zip Code 20002-3287  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt **06 / 08 / 2016**  
**Transaction ID : VNW3HEDVGT6**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Non-Contribution Account

**C. Hite, Amanda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Florida Ave NE Apt 906  
 City Washington State DC Zip Code 20002-3287  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 748.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWQV9**  
 Amount of Each Receipt this Period 240.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	544.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hite, Amanda, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 100 Florida Ave NE Apt 906		<b>Transaction ID : VNW3HEFWR24</b>
City Washington	State DC	Zip Code 20002-3287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 408.00
Name of Employer (for Individual) BTC Revolutions	Occupation (for Individual) Cofounder CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 748.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Horton, Lenore, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2016
Mailing Address 1875 Connecticut Ave NW		<b>Transaction ID : VNW3HEEA7A1</b>
City Washington	State DC	Zip Code 20009-5728
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Lenore F. Horton, Esq.	Occupation (for Individual) Attorney	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hubbard, Nicole, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 1805 Faulkner Ct		<b>Transaction ID : VNW3HEFWJB3</b>
City Mahwah	State NJ	Zip Code 07430-3491
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) Information Requested	Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 204.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	862.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Jadusingh, Carlene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 South St  
 City New York State NY Zip Code 10038-4932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : VNW3HEFWNR2**  
 Amount of Each Receipt this Period 248.00  
 Memo Item  
 Non-Contribution Account

**B. Jones, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Euclid Pl  
 City Montclair State NJ Zip Code 07042-5021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : VNW3HEFWK24**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

**C. Julia Cohen, Randi Solomon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7910 34th Ave Apt 6J  
 City Jackson Heights State NY Zip Code 11372-2425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ampacet Corp Occupation (for Individual) Sales  
 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  
 06 / 21 / 2016  
**Transaction ID : VNW3HEES5M1**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1452.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Kaplow, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 545 W 111th St  
 Apt 8E  
 City New York State NY Zip Code 10025-1968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWQ24**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Non-Contribution Account

**B. Kaplow, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 545 W 111th St  
 Apt 8E  
 City New York State NY Zip Code 10025-1968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 22 / 2016**  
**Transaction ID : VNW3HEET5V3**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Non-Contribution Account

**C. Kay, Sara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 E 14th St  
 10B  
 City New York State NY Zip Code 10003-4208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PPFA Occupation (for Individual) Senior Fellow  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 16 / 2016**  
**Transaction ID : VNW3HECXF93**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kight, Stephen, , ,</b>			Date of Receipt
Mailing Address 1548 Roxbury Rd			<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City Columbus	State OH	Zip Code 43212-3213	<b>Transaction ID : VNW3HECXP72</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) Self-employed		Occupation (for Individual) Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. King, Billie Jean, , ,</b>			Date of Receipt
Mailing Address 21 Rickland Dr			<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2016"/>
City Randolph	State NJ	Zip Code 07869-4320	<b>Transaction ID : VNW3HEDTAF7</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer (for Individual) World Team Tennis		Occupation (for Individual) Tennis Promoter	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. King, Robyn, , ,</b>			Date of Receipt
Mailing Address 2633 Adgate Rd			<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City Lima	State OH	Zip Code 45805-3707	<b>Transaction ID : VNW3HEFWKK9</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) Information Requested		Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kleinbaum, Sharon, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 675 Academy St 6D		<b>Transaction ID : VNW3HEFWPF3</b>
City New York	State NY	Zip Code 10034-4201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) CBST	Occupation (for Individual) RABBI	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kristel, Michelle, , ,</b>		Date of Receipt MM / DD / YYYY 05 / 20 / 2016
Mailing Address 301 W 115th St		<b>Transaction ID : VNW3HED52Z2</b>
City New York	State NY	Zip Code 10026-2304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) WBB+Mccormick	Occupation (for Individual) Executive Search Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lander, Patricia, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 1 Duryea Pl		<b>Transaction ID : VNW3HEFWQE6</b>
City Nanuet	State NY	Zip Code 10954-3133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) Information Requested	Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 204.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	908.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Lanham, Megan, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2016
Mailing Address 17 Risley Rd		<b>Transaction ID : VNW3HEFWPN1</b>
City Chestnut Hill	State MA	Zip Code 02467-3220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1004.00
Name of Employer (for Individual) Pharma Logics Recruiting	Occupation (for Individual) Global Head of Business Development	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1004.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Layng, Pamela, J, ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2016
Mailing Address 248 Cortez Rd		<b>Transaction ID : VNW3HED52Y4</b>
City West Palm Beach	State FL	Zip Code 33405-4106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) PJL Associates	Occupation (for Individual) Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. LeVan, Suzanne, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2016
Mailing Address 320 Central Park W Apt 14F		<b>Transaction ID : VNW3HEFWMW1</b>
City New York	State NY	Zip Code 10025-7659
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 504.00
Name of Employer (for Individual) Self	Occupation (for Individual) Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 504.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2508.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Leve, Harriet, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 30 W 63rd St Apt 20A		<b>Transaction ID : VNW3HEFWJ71</b>
City New York	State NY	Zip Code 10023-7119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 306.00
Name of Employer (for Individual) Self	Occupation (for Individual) Theatre Producer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 306.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lewis, Catherine, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2016
Mailing Address 78 W Vine St 78 W. Vine St.		<b>Transaction ID : VNW3HEERHW2</b>
City Provincetown	State MA	Zip Code 02657-1241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) retired	Occupation (for Individual) retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Linde, Emily, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 300 E 75th St		<b>Transaction ID : VNW3HEFWJPO</b>
City New York	State NY	Zip Code 10021-3375
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) Information Requested	Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 204.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	760.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Linsky, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Evergreen Way  
 City Sleepy Hollow State NY Zip Code 10591-1119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McDermott Will & Emery Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 17 / 2016**  
**Transaction ID : VNW3HECYCF3**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

**B. Lipton, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Columbus Dr  
 City Huntington Station State NY Zip Code 11746-2702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWQ97**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

**C. Londa, Felice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 67 Woodland Rd  
 City Maplewood State NJ Zip Code 07040-2558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Londa & Londa, Esqs Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWQN2**  
 Amount of Each Receipt this Period 408.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 1612.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Long, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 337 Acadia Ln  
 City San Rafael State CA Zip Code 94903-2269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWSC6**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

**B. Marcus, Gwen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 Broadway # PH1B  
 City New York State NY Zip Code 10023-5028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Showtime Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWN60**  
 Amount of Each Receipt this Period 504.00  
 Memo Item  
 Non-Contribution Account

**C. Marlowe, Jane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 708 Greenwich St  
 City New York State NY Zip Code 10014-2585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWJG2**  
 Amount of Each Receipt this Period 510.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1218.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Maslih, Noemi, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2016
Mailing Address 16 W 16th St Apt 9SN			<b>Transaction ID : VNW3HEFWNA1</b>
City New York	State NY	Zip Code 10011-6336	Amount of Each Receipt this Period 1008.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) The Maslih Firm PC		Occupation (for Individual) Attorney	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1108.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Matic, Natasha, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2016
Mailing Address 6315 Broad Branch Rd			<b>Transaction ID : VNW3HEFWKF7</b>
City Chevy Chase	State MD	Zip Code 20815-3343	Amount of Each Receipt this Period 504.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self		Occupation (for Individual) consulting	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Matic, Natasha, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 21 / 2016
Mailing Address 6315 Broad Branch Rd			<b>Transaction ID : VNW3HEES5E4</b>
City Chevy Chase	State MD	Zip Code 20815-3343	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self		Occupation (for Individual) consulting	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1004.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2012.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Mayne, Patricia, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2016
Mailing Address 101 Willow St			<b>Transaction ID : VNW3HEFWJF4</b>
City Guilderland	State NY	Zip Code 12084-9772	Amount of Each Receipt this Period 504.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Information Requested		Occupation (for Individual) Information Requested	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Meadow, Tey, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2016
Mailing Address 341 Eastern Pkwy			<b>Transaction ID : VNW3HEFWJK6</b>
City Brooklyn	State NY	Zip Code 11216-4857	Amount of Each Receipt this Period 204.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Information Requested		Occupation (for Individual) Information Requested	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Melnick, Marsha, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2016
Mailing Address 20 E 9th St			<b>Transaction ID : VNW3HEFWJ63</b>
City New York	State NY	Zip Code 10003-5944	Amount of Each Receipt this Period 204.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Information Requested		Occupation (for Individual) Information Requested	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 204.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	912.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Melnik, Sharon, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2016
Mailing Address 160 Riverside Blvd Apt 6 A		<b>Transaction ID : VNW3HEEXFA5</b>
City New York	State NY	Zip Code 10069-0701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Horizon Point Inc	Occupation (for Individual) Psychologist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Mines, Natalie, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 225 Park Ave S		<b>Transaction ID : VNW3HEFWJY3</b>
City New York	State NY	Zip Code 10003-1604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) Information Requested	Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Minsky, Greta, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 230 E 15th St 1G		<b>Transaction ID : VNW3HEFWKJ1</b>
City New York	State NY	Zip Code 10003-3940
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) Sarah Lawrence College	Occupation (for Individual) Professor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 204.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	908.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Minsky, Greta, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2016
Mailing Address 230 E 15th St 1G		<b>Transaction ID : VNW3HEET5S7</b>
City New York	State NY	Zip Code 10003-3940
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Sarah Lawrence College	Occupation (for Individual) Professor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 704.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Muir, Bonnie, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 1 Coral PI		<b>Transaction ID : VNW3HEFWRV2</b>
City Long Branch	State NJ	Zip Code 07740-6360
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) Doc Sec Adm RETIRED	Occupation (for Individual) Administrator	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Mullin, Denise M., , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 115 Christopher St Apt 5		<b>Transaction ID : VNW3HEFWM19</b>
City New York	State NY	Zip Code 10014-4230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) Information Requested	Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 204.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	908.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Natalie, Andrea, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 7100 Kennedy Blvd E Apt 14N		<b>Transaction ID : VNW3HEFWQ16</b>
City West New York	State NJ	Zip Code 07093-4731
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Self	Occupation (for Individual) Nurse	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Natalie, Andrea, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 7100 Kennedy Blvd E Apt 14N		<b>Transaction ID : VNW3HEF8D58</b>
City West New York	State NJ	Zip Code 07093-4731
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Self	Occupation (for Individual) Nurse	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>c. OCallaghan, Elizabeth, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 7 Warner Ln		<b>Transaction ID : VNW3HEFWPW6</b>
City Lake Ronkonkoma	State NY	Zip Code 11779-2109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) Information Requested	Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 204.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	604.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Palko, Kelly, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2016
Mailing Address 31 Hopkins Rd		<b>Transaction ID : VNW3HEEBKS8</b>
City Plymouth	State MA	Zip Code 02360-3546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) lowes	Occupation (for Individual) retail management	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Palko, Kelly, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 14 / 2016
Mailing Address 31 Hopkins Rd		<b>Transaction ID : VNW3HEEH5Q1</b>
City Plymouth	State MA	Zip Code 02360-3546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) lowes	Occupation (for Individual) retail management	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Piazza, Kimi, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 2000 Broadway		<b>Transaction ID : VNW3HEFWRM7</b>
City New York	State NY	Zip Code 10023-5028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) Information Requested	Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 204.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	704.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. PLANNED PARENTHOOD ACTION FUND INC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 434 W 33rd St  
City New York State NY Zip Code 10001-2601  
FEC ID number of contributing federal political committee. **C** C00314617  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 01 / 2016  
**Transaction ID : VNW3HEE87P9**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
Non-Contribution Account

**B. Prenn, Natasha, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 307 W 89th St  
City New York State NY Zip Code 10024-2101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) self Occupation (for Individual) Mental health  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 204.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWMG6**  
Amount of Each Receipt this Period 204.00  
 Memo Item  
Non-Contribution Account

**C. Prichason, Judy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 322 Benner St  
City Highland Park State NJ Zip Code 08904-2525  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) self Occupation (for Individual) Psychotherapist  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 204.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWS43**  
Amount of Each Receipt this Period 204.00  
 Memo Item  
Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5408.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Quidone, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 Livingston St  
 Apt 18B  
 City Brooklyn State NY Zip Code 11201-5052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Philanthropist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWJR5**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

**B. Quidone, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 Livingston St  
 Apt 18B  
 City Brooklyn State NY Zip Code 11201-5052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Philanthropist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : VNW3HEF8CR6**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Non-Contribution Account

**C. Rader, Marilyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Shore Rd  
 City Long Beach State NY Zip Code 11561-4755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWNQ4**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	508.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Ray-Mazumder, Shibani, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 E 30th St  
 City New York State NY Zip Code 10016-8295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Occupation (for Individual) PSYCHOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWR16**  
 Amount of Each Receipt this Period 306.00  
 Memo Item  
 Non-Contribution Account

**B. Reamer, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Webster St Apt 213  
 City Brookline State MA Zip Code 02446-4963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 08 / 2016  
**Transaction ID : VNW3HEDV8G0**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-Contribution Account

**C. Revocable Trust, Roseann O'Donnell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30816  
 City Albany State NY Zip Code 12203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : VNW3HEF8DH1**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55306.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Ricketts, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Sheridan Rd  
 City Wilmette State IL Zip Code 60091-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chicago Cubs Occupation (for Individual) Co-Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt **05 / 06 / 2016**  
**Transaction ID : VNW3HEDPZT0**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 Non-Contribution Account

**B. Ricketts, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Sheridan Rd  
 City Wilmette State IL Zip Code 60091-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chicago Cubs Occupation (for Individual) Co-Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 102000.00

Date of Receipt **06 / 14 / 2016**  
**Transaction ID : VNW3HEEH2X2**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 Non-Contribution Account

**C. Ricketts, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Sheridan Rd  
 City Wilmette State IL Zip Code 60091-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chicago Cubs Occupation (for Individual) Co-Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 322000.00

Date of Receipt **06 / 27 / 2016**  
**Transaction ID : VNW3HEF6MY6**  
 Amount of Each Receipt this Period 220000.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	272000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. RITENOUR, Shirley, , ,</b>			Date of Receipt
Mailing Address 3165 Nostrand Ave Apt 6E			<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City Brooklyn	State NY	Zip Code 11229-3243	<b>Transaction ID : VNW3HEFWQS3</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="204.00"/>
Name of Employer (for Individual) Brown Harris Stevens		Occupation (for Individual) Project Mgr	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="204.00"/>		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Rittgers, Rebecca, , ,</b>			Date of Receipt
Mailing Address 34 Burnett St			<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2016"/>
City Maplewood	State NJ	Zip Code 07040-2653	<b>Transaction ID : VNW3HEE8982</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) Proteus Fund		Occupation (for Individual) Fund Director	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Rosen, Bonni, , ,</b>			Date of Receipt
Mailing Address 315 8th Ave			<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City New York	State NY	Zip Code 10001-4809	<b>Transaction ID : VNW3HEFWJH0</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="204.00"/>
Name of Employer (for Individual) Information Requested		Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="204.00"/>		Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="658.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Roth, Martha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 1st Ave  
 City Nyack State NY Zip Code 10960-2114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Midwife  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 62.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWQQ7**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 Non-Contribution Account

**B. Roth, Martha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 1st Ave  
 City Nyack State NY Zip Code 10960-2114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Midwife  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.00

Date of Receipt 06 / 22 / 2016  
**Transaction ID : VNW3HEET636**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Non-Contribution Account

**C. Rothberg, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 College Pl Apt 4E  
 City Brooklyn State NY Zip Code 11201-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Psychotherapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWQK6**  
 Amount of Each Receipt this Period 504.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	766.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Sander, Dorothy, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 2500 E. Las Olas Blvd. Apt. 602		<b>Transaction ID : VNW3HEFWRT4</b>
City Fort Lauderdale	State FL	Zip Code 33301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) retired	Occupation (for Individual) retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Schmidt, Sandra, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 42 Gesner Ave		<b>Transaction ID : VNW3HEFWRR8</b>
City Nyack	State NY	Zip Code 10960-4703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) Nyack Wine Cellar	Occupation (for Individual) Self Employed	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Schmidt, Sandra, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2016
Mailing Address 42 Gesner Ave		<b>Transaction ID : VNW3HEET5R0</b>
City Nyack	State NY	Zip Code 10960-4703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Nyack Wine Cellar	Occupation (for Individual) Self Employed	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 704.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	908.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Schmidt, Sarah, , ,</b>			Date of Receipt
Mailing Address 845 Michigan Ave			<input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 06 / 06 / 2016
City Wilmette	State IL	Zip Code 60091-1931	<b>Transaction ID : VNW3HEDRSA5</b>
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 7500.00
Name of Employer (for Individual) self		Occupation (for Individual) consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7500.00		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Schreier, Kami, , ,</b>			Date of Receipt
Mailing Address 304 Arlington Rd			<input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 06 / 09 / 2016
City Brookville	State OH	Zip Code 45309-1323	<b>Transaction ID : VNW3HEE8EG7</b>
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) BTC Revolutions		Occupation (for Individual) Partner	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Schwartz, Sheldon, , ,</b>			Date of Receipt
Mailing Address 40 Park Ave			<input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 06 / 16 / 2016
City New York	State NY	Zip Code 10016-3467	<b>Transaction ID : VNW3HEFWQ73</b>
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) Information Requested		Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 204.00		Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7954.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Schwarz, Raimonde, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 434 W 38th St  
 City New York State NY Zip Code 10018-2814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWJX5**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

**B. Sculley, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 77 7th Ave  
 City New York State NY Zip Code 10011-6645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Turner Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWMV3**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

**C. SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1800 Massachusetts Ave NW  
 City Washington State DC Zip Code 20036-1222  
 FEC ID number of contributing federal political committee. **C** C00004036  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : VNW3HEBERD2**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25408.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Seligson, Robin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 W 16th St  
 City New York State NY Zip Code 10011-6166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : VNW3HEFWNG9**  
 Amount of Each Receipt this Period  
 204.00  
 Memo Item  
 Non-Contribution Account

**B. Seremetis, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 Olden Ln  
 City Princeton State NJ Zip Code 08540-4919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : VNW3HEFWKA8**  
 Amount of Each Receipt this Period  
 504.00  
 Memo Item  
 Non-Contribution Account

**C. Sexton, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 NW 12th Ave Unit 802  
 City Portland State OR Zip Code 97209-2995  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 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  
 06 / 05 / 2016  
**Transaction ID : VNW3HEDRCP1**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1708.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Sheridan, Dixie M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 124 W 24th St  
 City New York State NY Zip Code 10011-1904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : VNW3HEFWJ97**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

**B. Sherman, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 W End Ave Apt 7AB  
 City New York State NY Zip Code 10024-5724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Advertising Council Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 21 / 2016  
**Transaction ID : VNW3HEES654**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

**C. Singh, Shamina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 5th Ave # 2760  
 City New York State NY Zip Code 10018-2753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mastercard Occupation (for Individual) Philanthropy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 21 / 2016  
**Transaction ID : VNW3HEES638**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2204.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Siskind, Amy, , ,</b>		Date of Receipt
Mailing Address 4 Skibo Ln		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2016"/>
City Mamaroneck	State NY	Zip Code 10543-4721
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VNW3HEECR01</b>
Name of Employer (for Individual) self-employed		Occupation (for Individual) consultant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="checkbox"/> Memo Item
		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Smith, Carolyn, , ,</b>		Date of Receipt
Mailing Address 372 Main St Apt 304		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City Port Washington	State NY	Zip Code 11050-3134
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VNW3HEFWJ55</b>
Name of Employer (for Individual) None		Occupation (for Individual) Facility mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="348.00"/>	Amount of Each Receipt this Period <input type="text" value="248.00"/>
		<input type="checkbox"/> Memo Item
		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Smith, Sue, , ,</b>		Date of Receipt
Mailing Address 311 N Broadway		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2016"/>
City Nyack	State NY	Zip Code 10960-1620
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VNW3HEES5Z6</b>
Name of Employer (for Individual) Christopher St Financial		Occupation (for Individual) Financial Advisor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		<input type="checkbox"/> Memo Item
		Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1498.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Smith, Vivian L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Granada Cres  
 City White Plains State NY Zip Code 10603-1228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NY Presbyterian Hospital Occupation (for Individual) NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWPS2**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

**B. Sparks, Lauren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 475 Park Ave S Rm 2100  
 City New York State NY Zip Code 10016-6904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWKQ0**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

**C. Squadrilli, A.C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 Bleecker St  
 City New York State NY Zip Code 10014-2602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWRX8**  
 Amount of Each Receipt this Period 252.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1456.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 135
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Stack, Jennifer, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 9 Prospect Ter Apt C		<b>Transaction ID : VNW3HEFWQZ1</b>
City Montclair	State NJ	Zip Code 07042-3204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) Information Requested	Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Stallone, Kristine, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 376 Read Ave		<b>Transaction ID : VNW3HEFWPA4</b>
City Tuckahoe	State NY	Zip Code 10707-1622
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 504.00
Name of Employer (for Individual) ajws	Occupation (for Individual) cpa	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Stark, Martha, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2016
Mailing Address 920 Union St Apt 2D		<b>Transaction ID : VNW3HEEXFC1</b>
City Brooklyn	State NY	Zip Code 11215-1619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) New York University-Wagner School	Occupation (for Individual) Professor and Lawyer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1708.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Stewart, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4708 48th St NW  
 City Washington State DC Zip Code 20016-4445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Merrill Lynch Occupation (for Individual) Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **06 / 13 / 2016**  
**Transaction ID : VNW3HEECZM2**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Non-Contribution Account

**B. Streb, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 Canal St Apt 4N  
 City New York State NY Zip Code 10013-2561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STREB INC. Occupation (for Individual) Choreographer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWPE6**  
 Amount of Each Receipt this Period 204.00  
 Memo Item  
 Non-Contribution Account

**C. Thomas, Kendall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 W 116th St Ph A1108  
 City New York State NY Zip Code 10026-2992  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 23 / 2016**  
**Transaction ID : VNW3HEEXF49**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3204.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Tiven, Rachel, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2016
Mailing Address 595 W End Ave # 11C		<b>Transaction ID : VNW3HEES662</b>
City New York	State NY	Zip Code 10024-1727
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Lambda Legal	Occupation (for Individual) CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Turkel, Judith, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 235 E 22nd St Apt 10G		<b>Transaction ID : VNW3HEFWNH6</b>
City New York	State NY	Zip Code 10010-4637
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00
Name of Employer (for Individual) Turler Forman LLP	Occupation (for Individual) lawyer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Tuura, Elizabeth, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 2016 Foxboro Dr		<b>Transaction ID : VNW3HEFWK32</b>
City Orlando	State FL	Zip Code 32812-8658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 502.00
Name of Employer (for Individual) self	Occupation (for Individual) TV Technical Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 502.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1706.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Vaid, Urvashi, , ,</b>		Date of Receipt MM / DD / YYYY <b>04 / 11 / 2016</b>
Mailing Address <b>230 W End Ave Apt 10C</b>		<b>Transaction ID : VNW3HEAG827</b>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10023-3664</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>750.00</b>
Name of Employer (for Individual) <b>Self</b>	Occupation (for Individual) <b>Consultant</b>	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>2650.00</b>	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Vazquez, Carmen, , ,</b>		Date of Receipt MM / DD / YYYY <b>06 / 16 / 2016</b>
Mailing Address <b>5 Temple Ct</b>		<b>Transaction ID : VNW3HEFWMN5</b>
City <b>Brooklyn</b>	State <b>NY</b>	Zip Code <b>11218-1211</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>306.00</b>
Name of Employer (for Individual) <b>Health Research INC.</b>	Occupation (for Individual) <b>Program Director</b>	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>306.00</b>	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Volkes, Ann, , ,</b>		Date of Receipt MM / DD / YYYY <b>06 / 16 / 2016</b>
Mailing Address <b>445 E 14th St Apt MF</b>		<b>Transaction ID : VNW3HEFWRS6</b>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10009-2804</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>204.00</b>
Name of Employer (for Individual) <b>Information Requested</b>	Occupation (for Individual) <b>Information Requested</b>	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>204.00</b>	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1260.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Walker, Kathleen, , ,</b>		Date of Receipt MM / DD / YYYY <b>06 / 22 / 2016</b>
Mailing Address 7259 Shore Rd Apt 6D		<b>Transaction ID : VNW3HEET5Q2</b>
City Brooklyn	State NY	Zip Code 11209-1851
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer (for Individual) Self	Occupation (for Individual) Health & Fitness	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Weingast, Robin, , ,</b>		Date of Receipt MM / DD / YYYY <b>06 / 16 / 2016</b>
Mailing Address PO Box 1410		<b>Transaction ID : VNW3HEFWNT8</b>
City Amagansett	State NY	Zip Code 11930-1410
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>504.00</b>
Name of Employer (for Individual) Information Requested	Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>504.00</b>	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Whitman, Barbara, , ,</b>		Date of Receipt MM / DD / YYYY <b>06 / 08 / 2016</b>
Mailing Address 240 W End Ave Apt 13CD		<b>Transaction ID : VNW3HEE1JA0</b>
City New York	State NY	Zip Code 10023-3602
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2000.00</b>
Name of Employer (for Individual) Barbara Whitman Production	Occupation (for Individual) Theatrical Producer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>2000.00</b>	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3504.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Whitman, Barbara, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2016
Mailing Address 240 W End Ave Apt 13CD		<b>Transaction ID : VNW3HEECW73</b>
City New York	State NY	Zip Code 10023-3602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Barbara Whitman Production	Occupation (for Individual) Theatrical Producer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Wingo, Doug, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 24 / 2016
Mailing Address 350 7th Ave Rm 1603		<b>Transaction ID : VNW3HEDB713</b>
City New York	State NY	Zip Code 10001-1934
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Wingo Inc	Occupation (for Individual) Fundraiser	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Woo, Jacqueline, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2016
Mailing Address 145 W 11th St		<b>Transaction ID : VNW3HEFWMA8</b>
City New York	State NY	Zip Code 10011-8394
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 408.00
Name of Employer (for Individual) GS&Co	Occupation (for Individual) asset manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 408.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1908.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. York, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 873  
 City Boston State MA Zip Code 02130-0008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) York Consulting Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 28.00

Date of Receipt **05 / 06 / 2016**  
**Transaction ID : VNW3HECMSY9**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 Non-Contribution Account

**B. York, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 873  
 City Boston State MA Zip Code 02130-0008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) York Consulting Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : VNW3HEFWPY2**  
 Amount of Each Receipt this Period 504.00  
 Memo Item  
 Non-Contribution Account

**C. Zylinski, Brbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6315 Broad Branch Rd  
 City Chevy Chase State MD Zip Code 20815-3343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Secure Insights, LLC Occupation (for Individual) Security Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 21 / 2016**  
**Transaction ID : VNW3HEES561**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 1032.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

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

Mailing Address 6315 Broad Branch Rd

City Chevy Chase	State MD	Zip Code 20815-3343
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Secure-insights, llc	Occupation (for Individual) Founder
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		05		2016

**Transaction ID : VNW3HECGVP7**

Amount of Each Receipt this Period  
500.00

Memo Item

Non-Contribution Account

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

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	496634.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. First Data**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 04 / 2016

FEC Identification Number: C

Transaction ID : VNV499T4K6

Amount of Each Disbursement this Period: 30.40

Memo Item

**B. First Data**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 02 / 2016

FEC Identification Number: C

Transaction ID : VNV499T4834

Amount of Each Disbursement this Period: 801.13

Memo Item

**C. RUSS FOR WISCONSIN**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 620061

City Middleton State WI Zip Code 53562-0061

Purpose of Disbursement Contribution

Candidate Name FEINGOLD, RUSSELL DANA, , ,

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: WI District: 00

Date of Disbursement: 04 / 19 / 2016

FEC Identification Number: C C00578013

Transaction ID : VNV499T4P5

Amount of Each Disbursement this Period: 2500.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3331.53
<b>TOTAL</b> This Period (last page this line number only).....▶	3331.53





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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. ANGIE CRAIG FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 22116

M M M	/	D D D	/	Y Y Y Y Y
05		26		2016

City Eagan State MN Zip Code 55122-0116

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

C	C00575209
---	-----------

Candidate Name  
**CRAIG, ANGELA DAWN, , ,**

Category/  
Type

**Transaction ID : VNW3HED4W**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: MN District: 02

50.00
-------

Earmarked by Kathryn E Pile

Memo Item

**B. CATHERINE CORTEZ MASTO FOR SENATE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 8020 S Rainbow Blvd # 100-112

M M M	/	D D D	/	Y Y Y Y Y
06		30		2016

City Las Vegas State NV Zip Code 89139-6483

FEC Identification Number

Purpose of Disbursement  
Contribution

C	C00575548
---	-----------

Candidate Name  
**MASTO, CATHERINE CORTEZ, , ,**

Category/  
Type

**Transaction ID : VNV499T3K7:**

Amount of Each Disbursement this Period

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

2500.00
---------

Memo Item

**C. DEBORAH ROSS FOR SENATE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 28258

M M M	/	D D D	/	Y Y Y Y Y
05		16		2016

City Raleigh State NC Zip Code 27611-8258

FEC Identification Number

Purpose of Disbursement  
Contribution

C	C00589820
---	-----------

Candidate Name  
**ROSS, DEBORAH K, , ,**

Category/  
Type

**Transaction ID : VNV499T4G1**

Amount of Each Disbursement this Period

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

5000.00
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Memo Item

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

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

7550.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. DENISE JUNEAU FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 563

M M M	/	D D D	/	Y Y Y Y Y
04		07		2016

City Helena State MT Zip Code 59624-0563

FEC Identification Number

Purpose of Disbursement  
Contribution

011
Category/ Type

**C** C00591289

**Transaction ID : VNV499T4NR**

Amount of Each Disbursement this Period

Candidate Name  
**JUNEAU, DENISE, , ,**

2500.00
---------

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

Memo Item

State: MT District: 01

**B. DENISE JUNEAU FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 563

M M M	/	D D D	/	Y Y Y Y Y
04		15		2016

City Helena State MT Zip Code 59624-0563

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

Category/ Type

**C** C00591289

**Transaction ID : VNW3HEAF9!**

Amount of Each Disbursement this Period

Candidate Name  
**JUNEAU, DENISE, , ,**

20.16
-------

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

Earmarked by Patrick Lannon

Memo Item

State: MT District: 01

**C. DENISE JUNEAU FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 563

M M M	/	D D D	/	Y Y Y Y Y
04		15		2016

City Helena State MT Zip Code 59624-0563

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

Category/ Type

**C** C00591289

**Transaction ID : VNW3HEAF#**

Amount of Each Disbursement this Period

Candidate Name  
**JUNEAU, DENISE, , ,**

100.00
--------

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

Earmarked by Ann Northrop

Memo Item

State: MT District: 01

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

2620.16
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. DENISE JUNEAU FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 563

M M M	/	D D D	/	Y Y Y Y Y
04		15		2016

City Helena State MT Zip Code 59624-0563

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

C	C00591289
---	-----------

Candidate Name  
**JUNEAU, DENISE, , ,**

Category/  
Type

**Transaction ID : VNW3HEAFA**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: MT District: 01

20.16
-------

Earmarked by Lynne Eggers  
 Memo Item

**B. DENISE JUNEAU FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 563

M M M	/	D D D	/	Y Y Y Y Y
05		26		2016

City Helena State MT Zip Code 59624-0563

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

C	C00591289
---	-----------

Candidate Name  
**JUNEAU, DENISE, , ,**

Category/  
Type

**Transaction ID : VNW3HED4W**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: MT District: 01

50.00
-------

Earmarked by Kathryn E Pile  
 Memo Item

**C. DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 441153

M M M	/	D D D	/	Y Y Y Y Y
04		19		2016

City Fort Washington State MD Zip Code 20749-1153

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

C	C00422964
---	-----------

Candidate Name  
**Edwards, Donna, , ,**

Category/  
Type

**Transaction ID : VNW3HEATF**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: MD District: 04

250.00
--------

Earmarked by Christine Bowers  
 Memo Item

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

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

320.16
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 441153

City Fort Washington State MD Zip Code 20749-1153

Purpose of Disbursement  
Conduit Contribution

Candidate Name  
**Edwards, Donna, , ,**

Office Sought:  House  Senate  President  
State: MD District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 04 / 19 / 2016

FEC Identification Number: C00422964  
**Transaction ID : VNW3HEATH**  
Amount of Each Disbursement this Period: 20.16  
Earmarked by Jen Lorman  
 Memo Item

**B. DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 441153

City Fort Washington State MD Zip Code 20749-1153

Purpose of Disbursement  
Conduit Contribution

Candidate Name  
**Edwards, Donna, , ,**

Office Sought:  House  Senate  President  
State: MD District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 04 / 16 / 2016

FEC Identification Number: C00422964  
**Transaction ID : VNW3HEAWC**  
Amount of Each Disbursement this Period: 100.00  
Earmarked by Linda C Joplin  
 Memo Item

**C. HILLARY ACTION FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 5256

City New York State NY Zip Code 10185-5256

Purpose of Disbursement  
Contribution

Candidate Name  
**HILLARY ACTION FUND**

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 06 / 30 / 2016

FEC Identification Number: C00619411  
**Transaction ID : VNV499T3JM**  
Amount of Each Disbursement this Period: 20000.00  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 20120.16

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. KATIE MCGINTY FOR SENATE**

Full Name (Last, First, Middle Initial)  
Katie McGinty

Date of Disbursement: 05 / 16 / 2016

Mailing Address: PO Box 22447

City: Philadelphia, State: PA, Zip Code: 19110-2447

Purpose of Disbursement: Contribution

Candidate Name: MCGINTY, KATHLEEN ALANA, , ,

Office Sought:  Senate, Disbursement For: 2016,  General

State: PA, District: 00

FEC Identification Number: C00582809  
Transaction ID: VNV499T4GS  
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

**B. MAGGIE FOR NH**

Full Name (Last, First, Middle Initial)  
Maggie Wood

Date of Disbursement: 05 / 16 / 2016

Mailing Address: PO Box 298

City: Concord, State: NH, Zip Code: 03302-0298

Purpose of Disbursement: Contribution

Candidate Name: HASSAN, MARGARET WOOD, , ,

Office Sought:  Senate, Disbursement For: 2016,  Primary

State: NH, District: 00

FEC Identification Number: C00588772  
Transaction ID: VNV499T4GW  
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

**C. PATRICK MURPHY FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Patrick J. Murphy

Date of Disbursement: 04 / 19 / 2016

Mailing Address: PO Box 868

City: Levittown, State: PA, Zip Code: 19058-0868

Purpose of Disbursement: Contribution

Candidate Name: MURPHY, PATRICK J., , ,

Office Sought:  House, Disbursement For: 2016,  Primary

State: PA, District: 08

FEC Identification Number: C00411991  
Transaction ID: VNV499T4P7  
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. PATRICK MURPHY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 868

M M M	/	D D D	/	Y Y Y Y Y
05		26		2016

City Levittown State PA Zip Code 19058-0868

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

C	C00411991
---	-----------

Candidate Name  
**MURPHY, PATRICK J., , ,**

Category/  
Type

**Transaction ID : VNW3HED4W**

Amount of Each Disbursement this Period

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

50.00
-------

State: PA District: 08

Memo Item Earmarked by Kathryn E Pile

**B. RUSS FOR WISCONSIN**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 620061

M M M	/	D D D	/	Y Y Y Y Y
05		03		2016

City Middleton State WI Zip Code 53562-0061

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

C	C00578013
---	-----------

Candidate Name  
**FEINGOLD, RUSSELL DANA, , ,**

Category/  
Type

**Transaction ID : VNW3HEBWC**

Amount of Each Disbursement this Period

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

1000.00
---------

State: WI District: 00

Memo Item Earmarked by Laura Ricketts

**C. RUSS FOR WISCONSIN**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 620061

M M M	/	D D D	/	Y Y Y Y Y
05		26		2016

City Middleton State WI Zip Code 53562-0061

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

C	C00578013
---	-----------

Candidate Name  
**FEINGOLD, RUSSELL DANA, , ,**

Category/  
Type

**Transaction ID : VNW3HED4V**

Amount of Each Disbursement this Period

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

50.00
-------

State: WI District: 00

Memo Item Earmarked by Kathryn E Pile

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

1100.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**L PAC**

**A. STRICKLAND FOR SENATE**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2196

City Columbus State OH Zip Code 43216-2196

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**STRICKLAND, TED, , ,**

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

State: OH District: 00

Date of Disbursement

M M /  D D /  Y Y Y Y Y Y  
04 / 19 / 2016

FEC Identification Number

C  C00573212  
**Transaction ID : VNV499T4PD**  
Amount of Each Disbursement this Period  
 5000.00

Memo Item

**B. STRICKLAND FOR SENATE**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2196

City Columbus State OH Zip Code 43216-2196

Purpose of Disbursement Conduit Contribution

Category/Type

Candidate Name  
**STRICKLAND, TED, , ,**

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

State: OH District: 00

Date of Disbursement

M M /  D D /  Y Y Y Y Y Y  
05 / 03 / 2016

FEC Identification Number

C  C00573212  
**Transaction ID : VNW3HEBX6**  
Amount of Each Disbursement this Period  
 20.16  
Earmarked by Kate Kight

Memo Item

**C. STRICKLAND FOR SENATE**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2196

City Columbus State OH Zip Code 43216-2196

Purpose of Disbursement Conduit Contribution

Category/Type

Candidate Name  
**STRICKLAND, TED, , ,**

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

State: OH District: 00

Date of Disbursement

M M /  D D /  Y Y Y Y Y Y  
05 / 03 / 2016

FEC Identification Number

C  C00573212  
**Transaction ID : VNW3HEC0V**  
Amount of Each Disbursement this Period  
 20.16  
Earmarked by Elizabeth Shipp

Memo Item

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

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

5040.32



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. STRICKLAND FOR SENATE</b>			Date of Disbursement MM / DD / YYYY 05 / 26 / 2016	
Mailing Address PO Box 2196			FEC Identification Number C00573212 <b>Transaction ID : VNW3HED4W</b>	
City Columbus	State OH	Zip Code 43216-2196	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement Conduit Contribution			Earmarked by Kathryn E Pile	
Candidate Name <b>STRICKLAND, TED, , ,</b>			Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: OH	District: 00			

Full Name (Last, First, Middle Initial) <b>B. TAMMY FOR ILLINOIS</b>			Date of Disbursement MM / DD / YYYY 04 / 15 / 2016	
Mailing Address PO Box 10793			FEC Identification Number C00574889 <b>Transaction ID : VNW3HEA3K</b>	
City Chicago	State IL	Zip Code 60610-0793	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement Conduit Contribution			Earmarked by Susan Wilkie	
Candidate Name <b>DUCKWORTH, L TAMMY, , ,</b>			Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IL	District: 00			

Full Name (Last, First, Middle Initial) <b>C. TAMMY FOR ILLINOIS</b>			Date of Disbursement MM / DD / YYYY 04 / 15 / 2016	
Mailing Address PO Box 10793			FEC Identification Number C00574889 <b>Transaction ID : VNW3HEA3N</b>	
City Chicago	State IL	Zip Code 60610-0793	Amount of Each Disbursement this Period 5.00	
Purpose of Disbursement Conduit Contribution			Earmarked by Lynn Schneider	
Candidate Name <b>DUCKWORTH, L TAMMY, , ,</b>			Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IL	District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. TAMMY FOR ILLINOIS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 10793

City Chicago State IL Zip Code 60610-0793

Purpose of Disbursement  
Conduit Contribution

Candidate Name  
**DUCKWORTH, L TAMMY, , ,**

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

State: IL District: 00

Date of Disbursement: 04 / 15 / 2016

FEC Identification Number: C00574889  
Transaction ID : VNW3HEA3M  
Amount of Each Disbursement this Period: 2700.00  
Earmarked by Alix L Ritchie

Memo Item

**B. TAMMY FOR ILLINOIS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 10793

City Chicago State IL Zip Code 60610-0793

Purpose of Disbursement  
Conduit Contribution

Candidate Name  
**DUCKWORTH, L TAMMY, , ,**

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

State: IL District: 00

Date of Disbursement: 05 / 26 / 2016

FEC Identification Number: C00574889  
Transaction ID : VNW3HED4W  
Amount of Each Disbursement this Period: 50.00  
Earmarked by Kathryn E Pile

Memo Item

**C.**

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

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2750.00

**TOTAL** This Period (last page this line number only)..... ▶ 53180.80

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. American Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 Amon Carter Blvd # MD5675

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 06 / 2016

FEC Identification Number: C

Transaction ID : VNV499T49R

Amount of Each Disbursement this Period: 209.10

Memo Item

**B. American Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 Amon Carter Blvd # MD5675

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 06 / 2016

FEC Identification Number: C

Transaction ID : VNV499T49S1

Amount of Each Disbursement this Period: 158.10

Memo Item

**C. American Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 Amon Carter Blvd # MD5675

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 24 / 2016

FEC Identification Number: C

Transaction ID : VNV499T47F

Amount of Each Disbursement this Period: 305.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 672.20

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2016
Mailing Address 201 I St NE		FEC Identification Number C <b>Transaction ID : VNV499T4KC</b> Amount of Each Disbursement this Period 285.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20002-4449	Purpose of Disbursement Travel	Category/ Type
Candidate Name	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) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 201 I St NE		FEC Identification Number C <b>Transaction ID : VNV499T4CD</b> Amount of Each Disbursement this Period 112.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20002-4449	Purpose of Disbursement Travel	Category/ Type
Candidate Name	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) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Amtrak</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 201 I St NE		FEC Identification Number C <b>Transaction ID : VNV499T4CF</b> Amount of Each Disbursement this Period 161.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20002-4449	Purpose of Disbursement Travel	Category/ Type
Candidate Name	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) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	558.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2016
Mailing Address 201 I St NE		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T414</b> Amount of Each Disbursement this Period 142.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20002-4449
Purpose of Disbursement Travel		Category/ Type [REDACTED]
Candidate Name		
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aureole Restaurant</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2016
Mailing Address 135 W 42nd St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T3YN</b> Amount of Each Disbursement this Period 10300.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City New York	State NY	Zip Code 10036-6509
Purpose of Disbursement Event expense		Category/ Type 001
Candidate Name		
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address PO Box 8999		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T495</b> Amount of Each Disbursement this Period 40.70 Non-Contribution Account <input type="checkbox"/> Memo Item
City San Francisco	State CA	Zip Code 94128-8999
Purpose of Disbursement Credit card processing fee		Category/ Type [REDACTED]
Candidate Name		
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) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10482.70
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address PO Box 8999		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T40S:</b> Amount of Each Disbursement this Period 40.70
City San Francisco	State CA	Zip Code 94128-8999
Purpose of Disbursement Credit card processing fee		Category/ Type
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T49W</b> Amount of Each Disbursement this Period 30.00
City Washington	State DC	Zip Code 20005-3950
Purpose of Disbursement Service fee		Category/ Type
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4A9</b> Amount of Each Disbursement this Period 15.00
City Washington	State DC	Zip Code 20005-3950
Purpose of Disbursement Service fee		Category/ Type
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	85.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T40N</b> Amount of Each Disbursement this Period 15.00
City Washington	State DC	Zip Code 20005-3950
Purpose of Disbursement Credit card processing fee		Category/ Type
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T40Q</b> Amount of Each Disbursement this Period 463.53
City Washington	State DC	Zip Code 20005-3950
Purpose of Disbursement Bank fee		Category/ Type
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T40T</b> Amount of Each Disbursement this Period 15.00
City Washington	State DC	Zip Code 20005-3950
Purpose of Disbursement Bank fee		Category/ Type
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

493.53
[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T40X</b> Amount of Each Disbursement this Period [REDACTED] 39.90 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20005-3950
Purpose of Disbursement Bank fee		Category/ Type [REDACTED]
Candidate Name		
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T47K</b> Amount of Each Disbursement this Period [REDACTED] 15.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20005-3950
Purpose of Disbursement Bank fee		Category/ Type [REDACTED]
Candidate Name		
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Beth for Florida</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2016
Mailing Address 2016 Foxboro Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4JH</b> Amount of Each Disbursement this Period [REDACTED] 500.00 Memo Item <input type="checkbox"/>
City Orlando	State FL	Zip Code 32812-8658
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name		
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) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 554.90
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Bettyrules Productions**

Full Name (Last, First, Middle Initial)

Mailing Address 153 1st Ave # 235

City New York State NY Zip Code 10003-2946

Purpose of Disbursement Event expense - band

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 14 / 2016

FEC Identification Number **C**

**Transaction ID : VNV499T3YR**

Amount of Each Disbursement this Period 1875.00

Memo Item

**B. BLS Limos**

Full Name (Last, First, Middle Initial)

Mailing Address 2401 M St NW

City Washington State DC Zip Code 20037-1408

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 20 / 2016

FEC Identification Number **C**

**Transaction ID : VNV499T41A**

Amount of Each Disbursement this Period 127.32

Memo Item

**C. BLS Limos**

Full Name (Last, First, Middle Initial)

Mailing Address 2401 M St NW

City Washington State DC Zip Code 20037-1408

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 20 / 2016

FEC Identification Number **C**

**Transaction ID : VNV499T47D**

Amount of Each Disbursement this Period 170.19

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2172.51

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. BLS Limos</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016
Mailing Address 2401 M St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T5MV</b> Amount of Each Disbursement this Period 214.89
City Washington	State DC	Zip Code 20037-1408
Purpose of Disbursement Travel		Category/ Type [REDACTED]
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BLS Limos</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 2401 M St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T5MV</b> Amount of Each Disbursement this Period 780.31
City Washington	State DC	Zip Code 20037-1408
Purpose of Disbursement Travel		Category/ Type [REDACTED]
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Butcher, Rhea, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2016
Mailing Address 9465 Wilshire Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T409</b> Amount of Each Disbursement this Period 525.00
City Beverly Hills	State CA	Zip Code 90212-2612
Purpose of Disbursement Event expense		Category/ Type 001
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

1520.20

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Cafe Metro</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016
Mailing Address 530 Fashion Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T41B</b> Amount of Each Disbursement this Period [REDACTED] 189.73 Non-Contribution Account <input type="checkbox"/> Memo Item
City New York	State NY	Zip Code 10018-4878
Purpose of Disbursement Meals		Category/ Type [REDACTED]
Candidate Name		
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) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Cafe Metro</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016
Mailing Address 530 Fashion Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T5MX</b> Amount of Each Disbursement this Period [REDACTED] 184.74 Non-Contribution Account <input type="checkbox"/> Memo Item
City New York	State NY	Zip Code 10018-4878
Purpose of Disbursement Meals		Category/ Type [REDACTED]
Candidate Name		
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) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Carefirst Bluecross/Blueshield</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2016
Mailing Address 840 1st St NE		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4KL</b> Amount of Each Disbursement this Period [REDACTED] 777.43 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20065-0002
Purpose of Disbursement Health Insurance		Category/ Type 001
Candidate Name		
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) ▼	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1151.90
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Carefirst Bluecross/Blueshield</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address 840 1st St NE		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T49Zl</b> Amount of Each Disbursement this Period [REDACTED] 777.43
City Washington	State DC	Zip Code 20065-0002
Purpose of Disbursement Health Insurance		Category/ Type [REDACTED]
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item Non-Contribution Account	

Full Name (Last, First, Middle Initial) <b>B. Carefirst Bluecross/Blueshield</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2016
Mailing Address 840 1st St NE		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T411f</b> Amount of Each Disbursement this Period [REDACTED] 777.43
City Washington	State DC	Zip Code 20065-0002
Purpose of Disbursement Health Insurance		Category/ Type [REDACTED]
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item Non-Contribution Account	

Full Name (Last, First, Middle Initial) <b>C. Carr Workplace</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2016
Mailing Address 1101 Connecticut Ave NW Ste 450		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4K3</b> Amount of Each Disbursement this Period [REDACTED] 2488.51
City Washington	State DC	Zip Code 20036-4359
Purpose of Disbursement Rent		Category/ Type 001
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item Non-Contribution Account	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 4043.37
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Carr Workplace</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address 1101 Connecticut Ave NW Ste 450		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T487I</b>
City Washington	State DC	Zip Code 20036-4359
Purpose of Disbursement Rent	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 2839.47
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) ▼
State: District:	Category/Type	Non-Contribution Account <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Carr Workplace</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address 1101 Connecticut Ave NW Ste 450		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T40P!</b>
City Washington	State DC	Zip Code 20036-4359
Purpose of Disbursement Rent	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 2726.82
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) ▼
State: District:	Category/Type 001	Non-Contribution Account <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Christine Kilduff for State Rep</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2016
Mailing Address PO Box 65431		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4JS</b>
City Tacoma	State WA	Zip Code 98464-1431
Purpose of Disbursement Contribution	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 500.00
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) ▼
State: District:	Category/Type 011	Non-Contribution Account <input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 6066.29
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Collective Conscience, LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2016
Mailing Address 2112 8th St NW Apt 524		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499T4N9</b> Amount of Each Disbursement this Period 7181.25 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Purpose of Disbursement Communications	Zip Code 20001-8208	FEC Identification Number <b>C</b> <b>Transaction ID : VNV499T4FH</b> Amount of Each Disbursement this Period 9063.50 Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Collective Conscience, LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 2112 8th St NW Apt 524		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499T4K8</b> Amount of Each Disbursement this Period 1840.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Purpose of Disbursement Marketing	Zip Code 20001-8208	FEC Identification Number <b>C</b> <b>Transaction ID : VNV499T4K8</b> Amount of Each Disbursement this Period 1840.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Courier Life</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2016
Mailing Address 1 Metrotech Ctr Ste 1001		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499T4K8</b> Amount of Each Disbursement this Period 1840.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Brooklyn	State NY	
Purpose of Disbursement Print advertising	Zip Code 11201-3948	FEC Identification Number <b>C</b> <b>Transaction ID : VNV499T4K8</b> Amount of Each Disbursement this Period 1840.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18084.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. CPH &amp; Associates</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 711 S Dearborn St Unit 205		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4AG</b> Amount of Each Disbursement this Period 277.00
City Chicago	State IL	Zip Code 60605-1823
Purpose of Disbursement Event Insurance		Category/ Type
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. David Lander Lighting Design</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2016
Mailing Address 240 W 44th St Ste 6		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T3Y2i</b> Amount of Each Disbursement this Period 1500.00
City New York	State NY	Zip Code 10036-3906
Purpose of Disbursement Event expense		Category/ Type
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T49G</b> Amount of Each Disbursement this Period 424.10
City Atlanta	State GA	Zip Code 30354-1989
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2201.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number <b>C</b>
City Atlanta	State GA	
Purpose of Disbursement Travel		Transaction ID : <b>VNV499T49T!</b> Amount of Each Disbursement this Period 263.10
Candidate Name		
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) ▼	Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number <b>C</b>
City Atlanta	State GA	
Purpose of Disbursement Travel		Transaction ID : <b>VNV499T4AC</b> Amount of Each Disbursement this Period 4722.40
Candidate Name		
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) ▼	Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016
Mailing Address 1030 Delta Blvd		FEC Identification Number <b>C</b>
City Atlanta	State GA	
Purpose of Disbursement Travel		Transaction ID : <b>VNV499T4C!</b> Amount of Each Disbursement this Period 505.50
Candidate Name		
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) ▼	Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5491.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Demitri, Melanie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 30 Rockefeller Plz

City New York State NY Zip Code 10112-0015

Purpose of Disbursement Event expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 14 / 2016

FEC Identification Number C

Transaction ID : VNV499T3Y7

Amount of Each Disbursement this Period 650.00

Memo Item

**B. Dentegra**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1850

City Alpharetta State GA Zip Code 30023-1850

Purpose of Disbursement Dental Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 04 / 04 / 2016

FEC Identification Number C

Transaction ID : VNV499T4K0!

Amount of Each Disbursement this Period 39.95

Memo Item

**C. Dentegra**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1850

City Alpharetta State GA Zip Code 30023-1850

Purpose of Disbursement Dental Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 05 / 04 / 2016

FEC Identification Number C

Transaction ID : VNV499T496

Amount of Each Disbursement this Period 39.95

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 729.90

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dentegra</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2016
Mailing Address PO Box 1850		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T40Y:</b> Amount of Each Disbursement this Period [REDACTED] 39.95 Non-Contribution Account <input type="checkbox"/> Memo Item
City Alpharetta	State GA	Zip Code 30023-1850
Purpose of Disbursement Dental Insurance		Category/ Type [REDACTED]
Candidate Name		
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. East Coast Staging</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address 26 Buttonwood Pl		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T1585</b> Amount of Each Disbursement this Period [REDACTED] 8321.19 Non-Contribution Account <input type="checkbox"/> Memo Item
City Hazlet	State NJ	Zip Code 07730-2109
Purpose of Disbursement Event expense		Category/ Type [REDACTED]
Candidate Name		
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Elephant Walk Inn</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2016
Mailing Address 156 Bradford St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T47H</b> Amount of Each Disbursement this Period [REDACTED] 1051.09 Non-Contribution Account <input type="checkbox"/> Memo Item
City Provincetown	State MA	Zip Code 02657-2343
Purpose of Disbursement Lodging		Category/ Type [REDACTED]
Candidate Name		
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) ▼	
State: District:		

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

[REDACTED] 9412.23

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
**A. EMILY's List NF**

Date of Disbursement: MM / DD / YYYY  
05 / 09 / 2016

Mailing Address: 1800 M St NW, Ste 375N  
City: Washington, State: DC, Zip Code: 20036-5862

Purpose of Disbursement: Contribution  
Candidate Name: \_\_\_\_\_  
Category/Type: 011

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

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: C  
Transaction ID: VNV499T5MY  
Amount of Each Disbursement this Period: 50000.00  
Non-Contribution Account:   
Memo Item:

Full Name (Last, First, Middle Initial)  
**B. EMILY's List NF**

Date of Disbursement: MM / DD / YYYY  
06 / 28 / 2016

Mailing Address: 1800 M St NW, Ste 375N  
City: Washington, State: DC, Zip Code: 20036-5862

Purpose of Disbursement: Contribution  
Candidate Name: \_\_\_\_\_  
Category/Type: 011

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

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: C  
Transaction ID: VNV499T40DI  
Amount of Each Disbursement this Period: 100000.00  
Non-Contribution Account:   
Memo Item:

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

Date of Disbursement: MM / DD / YYYY  
06 / 14 / 2016

Mailing Address: 5500 Carpenter Ave  
City: Valley Village, State: CA, Zip Code: 91607-2206

Purpose of Disbursement: Event expense  
Candidate Name: \_\_\_\_\_  
Category/Type: 001

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

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: C  
Transaction ID: VNV499T3YC  
Amount of Each Disbursement this Period: 525.00  
Non-Contribution Account:   
Memo Item:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 150525.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. First Data</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>04</td> <td></td> <td>2016</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	04		04		2016
M M M	/	D D D	/	Y Y Y Y Y									
04		04		2016									
Mailing Address 1 Western Maryland Pkwy		FEC Identification Number											
City Hagerstown	State MD	Zip Code 21740-5146	<b>C</b>										
Purpose of Disbursement Credit card processing fee		<input type="checkbox"/> 001	<b>Transaction ID : VNV499T4K2</b>										
Candidate Name		Category/Type	Amount of Each Disbursement this Period										
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) ▼	3094.40										
State:	District:		<input type="checkbox"/> Memo Item										

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. First Data</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>02</td> <td></td> <td>2016</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	05		02		2016
M M M	/	D D D	/	Y Y Y Y Y									
05		02		2016									
Mailing Address 1 Western Maryland Pkwy		FEC Identification Number											
City Hagerstown	State MD	Zip Code 21740-5146	<b>C</b>										
Purpose of Disbursement Credit card processing fee		<input type="checkbox"/>	<b>Transaction ID : VNV499T4884</b>										
Candidate Name		Category/Type	Amount of Each Disbursement this Period										
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) ▼	118.05										
State:	District:		<input type="checkbox"/> Memo Item										

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Flora, Janet, , ,</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>14</td> <td></td> <td>2016</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	06		14		2016
M M M	/	D D D	/	Y Y Y Y Y									
06		14		2016									
Mailing Address 56 Portland Pl # 18		FEC Identification Number											
City Yonkers	State NY	Zip Code 10703-2206	<b>C</b>										
Purpose of Disbursement Event expense: Makeup		<input type="checkbox"/> 001	<b>Transaction ID : VNV499T3Y4</b>										
Candidate Name		Category/Type	Amount of Each Disbursement this Period										
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) ▼	650.00										
State:	District:		<input type="checkbox"/> Memo Item										

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3862.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Gold, Judy, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2016
Mailing Address 10950 Ventura Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T40A</b> Amount of Each Disbursement this Period 525.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Studio City	State CA	
Zip Code 91604-3340	Purpose of Disbursement Event expense	Category/ Type 001
Candidate Name	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) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Golden Crown Literary Society</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address PO Box 720154		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T5MZ</b> Amount of Each Disbursement this Period 325.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Dallas	State TX	
Zip Code 75372-0154	Purpose of Disbursement Print advertising	Category/ Type
Candidate Name	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) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Gomez, Marge, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2016
Mailing Address PO Box 94146		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T3XV</b> Amount of Each Disbursement this Period 525.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Event expense	Category/ Type 001
Candidate Name	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) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Grant, Jaime, M, ,</b>		Date of Disbursement MM / DD / YYYY 04 / 19 / 2016
Mailing Address 623 Rock Creek Rd NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4NA</b> Amount of Each Disbursement this Period 5985.00
City Washington	State DC	Zip Code 20010
Purpose of Disbursement Strategic development consultant		Category/ Type 001
Candidate Name		Non-Contribution Account <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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Grant, Jaime, M, ,</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 623 Rock Creek Rd NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4FKI</b> Amount of Each Disbursement this Period 4465.00
City Washington	State DC	Zip Code 20010
Purpose of Disbursement Fundraising consultant		Category/ Type 001
Candidate Name		Non-Contribution Account <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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2016
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4FE</b> Amount of Each Disbursement this Period 2787.78
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal services		Category/ Type
Candidate Name		Non-Contribution Account <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) ▼	
State: District:		

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

13237.78

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Karlsberg, Michele, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2016	
Mailing Address 101 Lexington Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4MA</b> Amount of Each Disbursement this Period 3000.00	
City Staten Island	State NY	Zip Code 10302-2025	Category/ Type 001
Purpose of Disbursement Communications		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Karlsberg, Michele, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2016	
Mailing Address 101 Lexington Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4FC</b> Amount of Each Disbursement this Period 3000.00	
City Staten Island	State NY	Zip Code 10302-2025	Category/ Type 001
Purpose of Disbursement Communications		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Kate Brown Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2016	
Mailing Address PO Box 8069		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4N8</b> Amount of Each Disbursement this Period 2000.00	
City Portland	State OR	Zip Code 97207-8069	Category/ Type 011
Purpose of Disbursement Contribution		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Katherine Perez-Estolano for State Senate</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2016
Mailing Address PO Box 90464		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4JX:</b> Amount of Each Disbursement this Period 500.00
City Pasadena	State CA	Zip Code 91109-0464
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Kight, Kate, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2016
Mailing Address 1629 L St NE Unit 303		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4KY:</b> Amount of Each Disbursement this Period 1278.14 Non-Contribution Account
City Washington	State DC	Zip Code 20002-3055
Purpose of Disbursement Payroll		001 Category/ Type
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Kight, Kate, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2016
Mailing Address 1629 L St NE Unit 303		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4K2</b> Amount of Each Disbursement this Period 1278.14 Non-Contribution Account
City Washington	State DC	Zip Code 20002-3055
Purpose of Disbursement Payroll		001 Category/ Type
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

3056.28

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Kight, Kate, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE  
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 13 / 2016

FEC Identification Number: C

Transaction ID : VNV499T4ED

Amount of Each Disbursement this Period: 1278.14

Memo Item

**B. Kight, Kate, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE  
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 31 / 2016

FEC Identification Number: C

Transaction ID : VNV499T4EJt

Amount of Each Disbursement this Period: 1278.14

Memo Item

**C. Kight, Kate, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE  
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 15 / 2016

FEC Identification Number: C

Transaction ID : VNV499T5N1

Amount of Each Disbursement this Period: 1278.14

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3834.42

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Masco Communications</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2016
Mailing Address 505 S 4th St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4KS</b>
City Philadelphia	State PA	Zip Code 19147-1506
Purpose of Disbursement Print Ads		Amount of Each Disbursement this Period 300.00
Candidate Name		Category/Type
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Millenium Broadway</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2016
Mailing Address 145 W 44th St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4KP</b>
City New York	State NY	Zip Code 10036-4012
Purpose of Disbursement Event expense		Amount of Each Disbursement this Period 2242.62
Candidate Name		Category/Type
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Millenium Broadway</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 145 W 44th St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T412</b>
City New York	State NY	Zip Code 10036-4012
Purpose of Disbursement Event expense		Amount of Each Disbursement this Period 2912.87
Candidate Name		Category/Type
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5455.49
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Mission Control Inc</b>		Date of Disbursement MM / DD / YYYY 04 / 19 / 2016
Mailing Address 624 Hebron Ave Bldg 200		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4NE</b>
City Glastonbury	State CT	Zip Code 06033-2470
Purpose of Disbursement Printing		Amount of Each Disbursement this Period 1334.00
Candidate Name		Non-Contribution Account
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) ▼	Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Mission Control Inc</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 624 Hebron Ave Bldg 200		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4FQ</b>
City Glastonbury	State CT	Zip Code 06033-2470
Purpose of Disbursement Printing		Amount of Each Disbursement this Period 1738.00
Candidate Name		Non-Contribution Account
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) ▼	Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Nash, Laurie, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2016
Mailing Address 35 Buttercup Ln		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T3Y3</b>
City Levittown	State NY	Zip Code 11756-2330
Purpose of Disbursement Event expense		Amount of Each Disbursement this Period 300.00
Candidate Name		Non-Contribution Account
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) ▼	Memo Item
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3372.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. New York Times</b>			Date of Disbursement MM / DD / YYYY 04 / 04 / 2016	
Mailing Address 620 8th Ave				
City New York		State NY	Zip Code 10018-1618	
Purpose of Disbursement Subscription			<input type="checkbox"/> 001 Category/ Type	
Candidate Name				
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) ▼		
State: District:		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499T4K7</b> Amount of Each Disbursement this Period 37.01 Non-Contribution Account <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. New York Times</b>			Date of Disbursement MM / DD / YYYY 05 / 03 / 2016	
Mailing Address 620 8th Ave				
City New York		State NY	Zip Code 10018-1618	
Purpose of Disbursement Subscription			<input type="checkbox"/> Category/ Type	
Candidate Name				
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) ▼		
State: District:		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499T48S</b> Amount of Each Disbursement this Period 37.01 Non-Contribution Account <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. New York Times</b>			Date of Disbursement MM / DD / YYYY 06 / 28 / 2016	
Mailing Address 620 8th Ave				
City New York		State NY	Zip Code 10018-1618	
Purpose of Disbursement Subscription			<input type="checkbox"/> Category/ Type	
Candidate Name				
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) ▼		
State: District:		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499T47J</b> Amount of Each Disbursement this Period 37.01 Non-Contribution Account <input type="checkbox"/> Memo Item		

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

111.03

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address 1101 15th St NW Ste 500		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T486i</b> Amount of Each Disbursement this Period [REDACTED] 150.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Software	Category/ Type [REDACTED]
Candidate Name	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) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NGP VAN, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2016
Mailing Address 1101 15th St NW Ste 500		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4FEi</b> Amount of Each Disbursement this Period [REDACTED] 892.50 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Software	Category/ Type 001
Candidate Name	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) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Olive Street Design</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2016
Mailing Address 264 E Kenilworth Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4MI</b> Amount of Each Disbursement this Period [REDACTED] 360.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Villa Park	State IL	
Zip Code 60181-5502	Purpose of Disbursement Website	Category/ Type 001
Candidate Name	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) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1402.50
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4KW</b> Amount of Each Disbursement this Period [REDACTED] 111.35 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll processing fee		Category/ Type 001
Candidate Name		
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4KX</b> Amount of Each Disbursement this Period [REDACTED] 2664.58 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll taxes		Category/ Type 001
Candidate Name		
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4M</b> Amount of Each Disbursement this Period [REDACTED] 2646.11 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll taxes		Category/ Type 001
Candidate Name		
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) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 5422.04
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4M5</b> Amount of Each Disbursement this Period 91.78 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll processing fee	Category/ Type 001
Candidate Name	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) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4EA</b> Amount of Each Disbursement this Period 2646.44 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	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) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T40K</b> Amount of Each Disbursement this Period 2646.41 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	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) ▼	State: District:	

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

5384.63

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll processing fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 01 / 2016

FEC Identification Number: C

Transaction ID : VNV499T40M

Amount of Each Disbursement this Period: 95.25

Memo Item

**B. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 15 / 2016

FEC Identification Number: C

Transaction ID : VNV499T5N2:

Amount of Each Disbursement this Period: 2646.44

Memo Item

**C. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll processing fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 15 / 2016

FEC Identification Number: C

Transaction ID : VNV499T5N3

Amount of Each Disbursement this Period: 95.25

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2836.94

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. PCMS, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement Accounting services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 04 / 2016

FEC Identification Number: C

Transaction ID : VNV499T4MC

Amount of Each Disbursement this Period: 1278.14

Memo Item

**B. PCMS, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement Accounting services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 04 / 2016

FEC Identification Number: C

Transaction ID : VNV499T4NH

Amount of Each Disbursement this Period: 142.02

Memo Item

**C. PCMS, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement Accounting services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 16 / 2016

FEC Identification Number: C

Transaction ID : VNV499T4FN

Amount of Each Disbursement this Period: 1275.93

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2696.09

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. PCMS, LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 1050 17th St NW Ste 590		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4GD</b> Amount of Each Disbursement this Period 318.98
City Washington	State DC	Zip Code 20036-5592
Purpose of Disbursement Accounting services		Category/ Type 001
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item Non-Contribution Account	

Full Name (Last, First, Middle Initial) <b>B. Practice Makes Progress</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2016
Mailing Address 1875 Connecticut Ave NW FI 10		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4MB</b> Amount of Each Disbursement this Period 5000.00
City Washington	State DC	Zip Code 20009-5728
Purpose of Disbursement Communications		Category/ Type 001
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item Non-Contribution Account	

Full Name (Last, First, Middle Initial) <b>C. Practice Makes Progress</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2016
Mailing Address 1875 Connecticut Ave NW FI 10		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4FC</b> Amount of Each Disbursement this Period 5000.00
City Washington	State DC	Zip Code 20009-5728
Purpose of Disbursement Communications		Category/ Type 001
Candidate Name		
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) ▼	
State: District:	<input type="checkbox"/> Memo Item Non-Contribution Account	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10318.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkmarks at 29 and 30b.

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NAME OF COMMITTEE (In Full) L PAC

Form A: Print R Us. Includes fields for Full Name, Mailing Address (2025 W 62nd St), City (Hialeah), State (FL), Zip Code (33016-2678), Purpose of Disbursement (Printing), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (06/14/2016), FEC Identification Number, Transaction ID (VNV499T413), Amount of Each Disbursement (645.08), and Memo Item checkbox.

Form B: PrinTech. Includes fields for Full Name, Mailing Address (519 8th Ave FI 3), City (New York), State (NY), Zip Code (10018-4594), Purpose of Disbursement (Printing), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (06/15/2016), FEC Identification Number, Transaction ID (VNV499T1592), Amount of Each Disbursement (707.69), and Memo Item checkbox.

Form C: PRIORITIES USA ACTION. Includes fields for Full Name, Mailing Address (1101 15th St NW Lbby 2), City (Washington), State (DC), Zip Code (20005-5002), Purpose of Disbursement (Contribution), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (06/30/2016), FEC Identification Number, Transaction ID (VNV499T3K6), Amount of Each Disbursement (10000.00), and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) 101352.77
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Roberts, Babette, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2235 8th Ave  
Apt 5H

City New York State NY Zip Code 10027-6157

Purpose of Disbursement Event expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 14 / 2016

FEC Identification Number C

Transaction ID : VNV499T3Y0

Amount of Each Disbursement this Period 1000.00

Memo Item

**B. Roberts, Bruce, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2235 8th Ave  
Apt 5H

City New York State NY Zip Code 10027-6157

Purpose of Disbursement Event expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 14 / 2016

FEC Identification Number C

Transaction ID : VNV499T3XXI

Amount of Each Disbursement this Period 1000.00

Memo Item

**C. Shipp, Elizabeth, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd  
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 04 / 15 / 2016

FEC Identification Number C

Transaction ID : VNV499T4M1

Amount of Each Disbursement this Period 3485.32

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5485.32

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Shipp, Elizabeth, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd  
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 29 / 2016

FEC Identification Number: C

Transaction ID : VNV499T4M3

Amount of Each Disbursement this Period: 3485.35

Memo Item

**B. Shipp, Elizabeth, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd  
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 13 / 2016

FEC Identification Number: C

Transaction ID : VNV499T4EE

Amount of Each Disbursement this Period: 3485.33

Memo Item

**C. Shipp, Elizabeth, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd  
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 31 / 2016

FEC Identification Number: C

Transaction ID : VNV499T4EF

Amount of Each Disbursement this Period: 3485.34

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10456.02

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Shipp, Elizabeth, , ,**

Date of Disbursement  
MM / DD / YYYY  
06 / 15 / 2016

Mailing Address 15955 Frederick Rd  
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Payroll  
Candidate Name

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

State: District:

FEC Identification Number  
**C**  
Transaction ID : VNV499T5MT  
Amount of Each Disbursement this Period  
3485.33  
Non-Contribution Account  
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. SIR**

Date of Disbursement  
MM / DD / YYYY  
06 / 14 / 2016

Mailing Address 475 10th Ave

City New York State NY Zip Code 10018-1120

Purpose of Disbursement Event expense  
Candidate Name

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

State: District:

FEC Identification Number  
**C**  
Transaction ID : VNV499T407C  
Amount of Each Disbursement this Period  
977.15  
Non-Contribution Account  
 Memo Item

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

Date of Disbursement  
MM / DD / YYYY  
04 / 04 / 2016

Mailing Address 10150 York Rd  
FI 5

City Hunt Valley State MD Zip Code 21030-3354

Purpose of Disbursement Insurance  
Candidate Name

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

State: District:

FEC Identification Number  
**C**  
Transaction ID : VNV499T4K4  
Amount of Each Disbursement this Period  
1185.62  
Non-Contribution Account  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5648.10

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. SkipJack**

Mailing Address 10150 York Rd  
FI 5

City Hunt Valley State MD Zip Code 21030-3354

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 03 / 2016

FEC Identification Number: C

Transaction ID : VNV499T48V

Amount of Each Disbursement this Period: 1185.62

Memo Item

Full Name (Last, First, Middle Initial)  
**B. SkipJack**

Mailing Address 10150 York Rd  
FI 5

City Hunt Valley State MD Zip Code 21030-3354

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 01 / 2016

FEC Identification Number: C

Transaction ID : VNV499T40G

Amount of Each Disbursement this Period: 1185.62

Memo Item

Full Name (Last, First, Middle Initial)  
**C. The Committee to Elect Park Cannon**

Mailing Address 931 Monroe Dr NE  
Ste 108

City Atlanta State GA Zip Code 30308-1793

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 31 / 2016

FEC Identification Number: C

Transaction ID : VNV499T4JV

Amount of Each Disbursement this Period: 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2871.24

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Tom, Jes, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2016	
Mailing Address 123 E 24th St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T408i</b> Amount of Each Disbursement this Period 545.00	
City New York	State NY	Zip Code 10010-2907	Category/ Type 001
Purpose of Disbursement Event expense		Candidate Name	
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) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Toni Atkins for State Senate 2016</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2016	
Mailing Address 330 Encinitas Blvd Ste 101		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4JNl</b> Amount of Each Disbursement this Period 500.00	
City Encinitas	State CA	Zip Code 92024-8705	Category/ Type 011
Purpose of Disbursement Contribution		Candidate Name	
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) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Town Hall Foundation Inc</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2016	
Mailing Address 123 W 43rd St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T0C1</b> Amount of Each Disbursement this Period 8500.00	
City New York	State NY	Zip Code 10036-6586	Category/ Type
Purpose of Disbursement Event expense		Candidate Name	
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) ▼		
State: District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9545.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2016	
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4KJ</b> Amount of Each Disbursement this Period 453.20	
City Chicago	State IL	Zip Code 60606-6462	Category/ Type
Purpose of Disbursement Travel			
Candidate Name		Memo Item <input type="checkbox"/>	
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) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Urban Stems</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016	
Mailing Address .		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T46X</b> Amount of Each Disbursement this Period 283.09	
City Washington	State DC	Zip Code 20009	Category/ Type
Purpose of Disbursement Event flowers			
Candidate Name		Memo Item <input type="checkbox"/>	
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) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Voters for Tina</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2016	
Mailing Address PO Box 20655		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T4M</b> Amount of Each Disbursement this Period 2000.00	
City Seattle	State WA	Zip Code 98102-1655	Category/ Type
Purpose of Disbursement Contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
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) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2736.29
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. W. Douglas Wingo Inc</b>		Date of Disbursement MM / DD / YYYY 04 / 19 / 2016
Mailing Address 350 7th Ave Rm 1603		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499T4NC</b> Amount of Each Disbursement this Period 8000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City New York	State NY	
Purpose of Disbursement Fundraising consultant		Category/ Type 001
Candidate Name		
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) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. W. Douglas Wingo Inc</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2016
Mailing Address 350 7th Ave Rm 1603		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499T4FX!</b> Amount of Each Disbursement this Period 9000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City New York	State NY	
Purpose of Disbursement Fundraising consultant		Category/ Type 001
Candidate Name		
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) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Williams, Karen, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2016
Mailing Address 27360 Beech Dr		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499T3YF</b> Amount of Each Disbursement this Period 525.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Euclid	State OH	
Purpose of Disbursement Event expense		Category/ Type 001
Candidate Name		
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) ▼	
State: _____	District: _____	

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

17525.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Zelnick, Laurie, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
06 / 14 / 2016

Mailing Address: 105 W 13th St, Fl 6

City: New York, State: NY, Zip Code: 10011-7851

Purpose of Disbursement: Event expense

Candidate Name:

Office Sought:  House,  Senate,  President

Disbursement For:  Primary,  General,  Other (specify) ▼

State: District:

Category/Type: 001

FEC Identification Number: C

Transaction ID: VNV499T3YH

Amount of Each Disbursement this Period: 800.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought:  House,  Senate,  President

Disbursement For:  Primary,  General,  Other (specify) ▼

State: District:

Category/Type:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought:  House,  Senate,  President

Disbursement For:  Primary,  General,  Other (specify) ▼

State: District:

Category/Type:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 800.00

**TOTAL** This Period (last page this line number only)..... ▶ 442078.95

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>L PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00519413
---	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>Collective Conscience, LLC</b> Non-Contribution Account		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2112 8th St NW Apt 524		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20001-8208	Transaction ID : <b>VNV499T74J0</b>
Purpose of Expenditure Political Ad		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="text"/> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <input type="text"/>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Collective Conscience, LLC</b> Non-Contribution Account		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2112 8th St NW Apt 524		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20001-8208	Transaction ID : <b>VNV499T7481</b>
Purpose of Expenditure Political Ad		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="text"/> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <input type="text"/>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rosen, Hilary, , ,

[Electronically Filed]

Date  /  /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) L PAC
FEC IDENTIFICATION NUMBER C C00519413

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Collective Conscience, LLC
Mailing Address: 2112 8th St NW, Apt 524, Washington, DC 20001-8208
Purpose of Expenditure: Email advertising
Category/Type: 004
Date of Public Distribution/Dissemination: 04/18/2016
Amount: 500.00
Transaction ID: VNV499T74K8

Name of Federal Candidate: EDWARDS, DONNA FERN, ,
Support: [X] Oppose: [ ]
Office Sought: [ ] House [X] Senate [ ]
District: 03 State: MD
Disbursement For: [X] Primary [ ] General [ ] Other (specify)

Full Name of Payee: Collective Conscience, LLC
Mailing Address: 2112 8th St NW, Apt 524, Washington, DC 20001-8208
Purpose of Expenditure: Political Ad
Category/Type: 004
Date of Public Distribution/Dissemination: 04/22/2016
Amount: 573.00
Transaction ID: VNV499T74B5

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support: [X] Oppose: [ ]
Office Sought: [X] President [ ] Senate [ ]
District: 00 State: PA
Disbursement For: [X] Primary [ ] General [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1073.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rosen, Hilary, ,

[Electronically Filed]

Date 11/30/2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
L PAC
FEC IDENTIFICATION NUMBER
C C00519413

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Collective Conscience, LLC
Mailing Address: 2112 8th St NW, Apt 524, Washington, DC
Purpose of Expenditure: Political Ad
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support
Office Sought: President
State: CA
Amount: 439.22
Transaction ID: VNV499T7466

Full Name of Payee: Collective Conscience, LLC
Mailing Address: 2112 8th St NW, Apt 524, Washington, DC
Purpose of Expenditure: Political Ad
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support
Office Sought: President
State: NJ
Amount: 200.00
Transaction ID: VNV499T74E9

(a) SUBTOTAL of Itemized Independent Expenditures: 639.22
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures: 2022.22

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rosen, Hilary, , ,

[Electronically Filed]

Date

11 / 30 / 2017

Signature