



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS 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="2015"/>	<input type="text" value="1634.46"/>	<input type="text" value="1634.46"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="653.87"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="44500.00"/>	<input type="text" value="47000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="45153.87"/>	<input type="text" value="48634.46"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="38554.44"/>	<input type="text" value="42035.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6599.43"/>	<input type="text" value="6599.43"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39500.00	39500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	39500.00	39500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	44500.00	45000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	44500.00	47000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	44500.00	47000.00

**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 .....	5054.44	8535.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5054.44	8535.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	33000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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 .....	500.00	500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	38554.44	42035.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38554.44	42035.03

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	44500.00	45000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	44500.00	45000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5054.44	8535.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5054.44	8535.03

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

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

FOR LINE NUMBER: PAGE 6 OF 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

**A. John V Ceriale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 230 S Ocean Blvd  
 City State Zip Code  
 Palm Beach FL 33480-4242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Prospect Hotel Advisors President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : SA11AI.4839**  
 Amount of Each Receipt this Period  
 5000.00  
 Contribution

**B. Melissa S Ceriale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 230 S Ocean Blvd  
 City State Zip Code  
 Palm Beach FL 33480-4242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Homemaker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : SA11AI.4840**  
 Amount of Each Receipt this Period  
 5000.00  
 Contribution

**C. Cheryl A Chase**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 84 High Ridge Road  
 City State Zip Code  
 West Hartford CT 06117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Chase Enterprises Executive Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : SA11AI.4853**  
 Amount of Each Receipt this Period  
 5000.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00  
**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 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

**A. Marcie S Gorman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 318 S Lake Dr  
 City Lantana State IL Zip Code 33462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer S.M.ir.K. Entertainment, LLC Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **12 / 22 / 2015**  
**Transaction ID : SA11AI.4860**  
 Amount of Each Receipt this Period **5000.00**  
 Contribution

**B. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 441146  
 City Somerville State MA Zip Code 02144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **20000.00**

Date of Receipt **12 / 14 / 2015**  
**Transaction ID : SA11AI.4860.0**  
 Amount of Each Receipt this Period **5000.00**  
 Contribution  
**[MEMO ITEM]**

**C. Alvin Perlmutter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Central Park South 33B  
 City New York State NY Zip Code 10019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AHP Inc Occupation TV Producer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **11 / 12 / 2015**  
**Transaction ID : SA11AI.4849**  
 Amount of Each Receipt this Period **5000.00**  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **10000.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 26
	<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)  
**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

Full Name (Last, First, Middle Initial)  
**A. ActBlue**

Mailing Address PO Box 441146

City Somerville      State MA      Zip Code 02144

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

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2015  
**Transaction ID : SA11AI.4849.0**

Amount of Each Receipt this Period  
5000.00

Contribution

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. Lois Pope**

Mailing Address 1720 S Ocean Blvd

City Manalapa      State FL      Zip Code 33462

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

Name of Employer None      Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2015  
**Transaction ID : SA11AI.4829**

Amount of Each Receipt this Period  
5000.00

Contribution

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

Mailing Address PO Box 441146

City Somerville      State MA      Zip Code 02144

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

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2015  
**Transaction ID : SA11AI.4829.0**

Amount of Each Receipt this Period  
5000.00

Contribution

**[MEMO ITEM]**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
	<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)  
**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

**A. Ed Ricci**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13884 Greensview Drive  
City State Zip Code  
Palm Beach FL 33418  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self Attorney  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015  
**Transaction ID : SA11AI.4857**  
Amount of Each Receipt this Period  
5000.00  
Contribution

**B. ActBlue**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 441146  
City State Zip Code  
Somerville MA 02144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2015  
**Transaction ID : SA11AI.4857.0**  
Amount of Each Receipt this Period  
5000.00  
Contribution  
**[MEMO ITEM]**

**c. Irving Smokler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2424 N Federal Hwy  
City State Zip Code  
Boca Raton FL 33431  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
N/A Retired  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2015  
**Transaction ID : SA11AI.4880**  
Amount of Each Receipt this Period  
2500.00  
Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<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 10 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Receipt										
Mailing Address PO Box 441146		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>23</td> <td></td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		23		2015
M M M	/	D D D	/	Y Y Y Y Y Y								
12		23		2015								
City Somerville	State MA	Zip Code 02144										
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.4880.0</b>										
Name of Employer		Amount of Each Receipt this Period										
Occupation		2500.00										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<b>[MEMO ITEM]</b>										
24500.00												

Full Name (Last, First, Middle Initial) <b>B. DongJu Song</b>		Date of Receipt										
Mailing Address 130 Jane St 3C		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>22</td> <td></td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		22		2015
M M M	/	D D D	/	Y Y Y Y Y Y								
12		22		2015								
City New York	State NY	Zip Code 10014										
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.4863</b>										
Name of Employer Wachtell, Lipton, Rosen & Katz		Amount of Each Receipt this Period										
Occupation Attorney		2000.00										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution										
2000.00												

Full Name (Last, First, Middle Initial) <b>C. ActBlue</b>		Date of Receipt										
Mailing Address PO Box 441146		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>16</td> <td></td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		16		2015
M M M	/	D D D	/	Y Y Y Y Y Y								
12		16		2015								
City Somerville	State MA	Zip Code 02144										
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.4863.0</b>										
Name of Employer		Amount of Each Receipt this Period										
Occupation		2000.00										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution										
22000.00		<b>[MEMO ITEM]</b>										

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	39500.00

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

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

FOR LINE NUMBER: PAGE 11 OF 26  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 777 6TH STREET, NW  
SUITE 200

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

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  
 12 / 30 / 2015

**Transaction ID : SA11C.4885**

Amount of Each Receipt this Period  
5000.00

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

Transaction ID : SB21B.4852

Amount of Each Disbursement this Period

197.50

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
PAC Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2015

Transaction ID : SB21B.4866

Amount of Each Disbursement this Period

474.00

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2015

Transaction ID : SB21B.4883

Amount of Each Disbursement this Period

98.75

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

770.25

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

Full Name (Last, First, Middle Initial)

**A. Vanessa Miller**

Mailing Address 2881 NE 32nd St  
Apt 311

City Ft Lauderdale State FL Zip Code 33306-2090

Purpose of Disbursement  
PAC Fundraising Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2015

**Transaction ID : SB21B.4824**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Vanessa Miller**

Mailing Address 2881 NE 32nd St  
Apt 311

City Ft Lauderdale State FL Zip Code 33306-2090

Purpose of Disbursement  
PAC Fundraising Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2015

**Transaction ID : SB21B.4834**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Vanessa Miller**

Mailing Address 2881 NE 32nd St  
Apt 311

City Ft Lauderdale State FL Zip Code 33306-2090

Purpose of Disbursement  
PAC Fundraising Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

**Transaction ID : SB21B.4835**

Amount of Each Disbursement this Period

500.00
--------

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

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

1500.00
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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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

Full Name (Last, First, Middle Initial)

**A. Vanessa Miller**

Mailing Address 2881 NE 32nd St  
Apt 311

City Ft Lauderdale State FL Zip Code 33306-2090

Purpose of Disbursement  
PAC Fundraising Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2015

**Transaction ID : SB21B.4847**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Vanessa Miller**

Mailing Address 2881 NE 32nd St  
Apt 311

City Ft Lauderdale State FL Zip Code 33306-2090

Purpose of Disbursement  
PAC Fundraising Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2015

**Transaction ID : SB21B.4848**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Vanessa Miller**

Mailing Address 2881 NE 32nd St  
Apt 311

City Ft Lauderdale State FL Zip Code 33306-2090

Purpose of Disbursement  
PAC Fundraising Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		23		2015

**Transaction ID : SB21B.4867**

Amount of Each Disbursement this Period

500.00
--------

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

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

1500.00
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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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

Full Name (Last, First, Middle Initial)

**A. Vanessa Miller**

Mailing Address 2881 NE 32nd St  
Apt 311

City Ft Lauderdale State FL Zip Code 33306-2090

Purpose of Disbursement  
PAC Fundraising Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2015

**Transaction ID : SB21B.4928**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. PCMS, LLC**

Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
PAC Accounting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

**Transaction ID : SB21B.4837**

Amount of Each Disbursement this Period

130.98
--------

Full Name (Last, First, Middle Initial)

**C. PCMS, LLC**

Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
PAC Accounting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

**Transaction ID : SB21B.4842**

Amount of Each Disbursement this Period

111.47
--------

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

742.45
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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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

Full Name (Last, First, Middle Initial)

**A. PCMS, LLC**

Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
PAC Accounting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SB21B.4856**

Amount of Each Disbursement this Period

98.75

Full Name (Last, First, Middle Initial)

**B. PCMS, LLC**

Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
PAC Accounting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SB21B.4869**

Amount of Each Disbursement this Period

185.49

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

284.24

4796.94

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

Full Name (Last, First, Middle Initial)

**A. AMI BERA FOR CONGRESS**

Mailing Address PO BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement  
Contribution

Candidate Name

**AMERISH BERA**

Office Sought:  House  
 Senate  
 President  
State: CA District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2015

**Transaction ID : SB23.4889**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. BARRAGAN FOR CONGRESS**

Mailing Address 1840 SOUTH GAFFEY STREET #421

City SAN PEDRO State CA Zip Code 90731

Purpose of Disbursement  
Contribution

Candidate Name

**NANETTE BARRAGAN**

Office Sought:  House  
 Senate  
 President  
State: CA District: 44

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SB23.4872**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. BRAD ASHFORD FOR CONGRESS**

Mailing Address PO BOX 24023

City OMAHA State NE Zip Code 68124

Purpose of Disbursement  
Contribution

Candidate Name

**BRAD ASHFORD**

Office Sought:  House  
 Senate  
 President  
State: NE District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2015

**Transaction ID : SB23.4878**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

Full Name (Last, First, Middle Initial)

**A. CAIN FOR CONGRESS**

Mailing Address P.O. BOX 1523

City BANGOR State ME Zip Code 04402

Purpose of Disbursement Contribution

Candidate Name

**EMILY ANN CAIN**

Office Sought:  House  Senate  President

State: ME District: 02

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

**Transaction ID : SB23.4891**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. RAUL RUIZ FOR CONGRESS**

Mailing Address PO BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement Contribution

Candidate Name

**RAUL DR. RUIZ**

Office Sought:  House  Senate  President

State: CA District: 36

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

**Transaction ID : SB23.4892**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

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

Mailing Address PO BOX 6

City SOUTHAMPTON State NY Zip Code 11969

Purpose of Disbursement Contribution

Candidate Name

**ANNA THRONE-HOLST**

Office Sought:  House  Senate  President

State: NY District: 01

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2015

**Transaction ID : SB23.4874**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHERI BUSTOS**

Mailing Address P.O. BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement Contribution

Candidate Name  
**CHERI BUSTOS**

Office Sought:  House  Senate  President  
State: IL District: 17

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

Transaction ID : **SB23.4894**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CORRINE BROWN**

Mailing Address PO BOX 40087

City JACKSONVILLE State FL Zip Code 32203

Purpose of Disbursement Contribution

Candidate Name  
**CORRINE BROWN**

Office Sought:  House  Senate  President  
State: FL District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 23 / 2015

Transaction ID : **SB23.4895**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ELIZABETH ESTY**

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement Contribution

Candidate Name  
**ELIZABETH ESTY**

Office Sought:  House  Senate  President  
State: CT District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Convention

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2015

Transaction ID : **SB23.4897**

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SHAUGHNESSY NAUGHTON**

Mailing Address PO BOX 751

City DOYLESTOWN State PA Zip Code 18901

Purpose of Disbursement Contribution

Candidate Name

**SHAUGHNESSY NAUGHTON**

Office Sought:  House  Senate  President  
State: PA District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2015

Transaction ID : **SB23.4898**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. HILLARY FOR AMERICA**

Mailing Address P.O. BOX 5256

City NEW YORK State NY Zip Code 10185

Purpose of Disbursement Contribution

Candidate Name

**HILLARY RODHAM CLINTON**

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

Transaction ID : **SB23.4844**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. JULIA BROWNLEY FOR CONGRESS**

Mailing Address PO BOX 2018

City THOUSAND OAKS State CA Zip Code 91358

Purpose of Disbursement Contribution

Candidate Name

**JULIA BROWNLEY**

Office Sought:  House  Senate  President  
State: CA District: 26

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

Transaction ID : **SB23.4900**

Amount of Each Disbursement this Period

2000.00

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

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

8000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

Full Name (Last, First, Middle Initial)

**A. KATHLEEN MATTHEWS FOR CONGRESS**

Mailing Address PO BOX 15236

City State Zip Code  
CHEVY CHASE MD 20825

Purpose of Disbursement  
Contribution

Candidate Name

**KATHLEEN MATTHEWS**

Office Sought:  House  
 Senate  
 President  
State: MD District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	29	/	2015

**Transaction ID : SB23.4903**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. KUSTER FOR CONGRESS, INC.**

Mailing Address P.O. BOX 1498

City State Zip Code  
CONCORD NH 03302

Purpose of Disbursement  
Contribution

Candidate Name

**ANN MCLANE KUSTER**

Office Sought:  House  
 Senate  
 President  
State: NH District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	17	/	2015

**Transaction ID : SB23.4905**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. KYRSTEN SINEMA FOR CONGRESS**

Mailing Address PO BOX 25879

City State Zip Code  
TEMPE AZ 85285

Purpose of Disbursement  
Contribution

Candidate Name

**KYRSTEN SINEMA**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	17	/	2015

**Transaction ID : SB23.4906**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

Full Name (Last, First, Middle Initial)

**A. LON JOHNSON FOR CONGRESS**

Mailing Address PO BOX 2028

City TRVERSE CITY State MI Zip Code 49685

Purpose of Disbursement Contribution

Candidate Name

**LONNIE BARTON JOHNSON**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

**Transaction ID : SB23.4908**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. LOUISE SLAUGHTER RE-ELECTION COMMITTEE**

Mailing Address P.O. BOX 30632

City ROCHESTER State NY Zip Code 14603

Purpose of Disbursement Contribution

Candidate Name

**LOUISE M SLAUGHTER**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NY District: 25

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2015

**Transaction ID : SB23.4911**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MONICA VERNON FOR CONGRESS**

Mailing Address PO BOX 1635

City CEDAR RAPIDS State IA Zip Code 52406

Purpose of Disbursement Contribution

Candidate Name

**MONICA W VERNON**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IA District: 01

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2015

**Transaction ID : SB23.4913**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

Full Name (Last, First, Middle Initial)

**A. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	17	/	2015

Mailing Address PO BOX 1041

**Transaction ID : SB23.4915**

City BRAINERD State MN Zip Code 56401

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement Contribution

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Candidate Name

**RICHARD M. NOLAN**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MN District: 08

Full Name (Last, First, Middle Initial)

**B. PETE AGUILAR FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	17	/	2015

Mailing Address PO BOX 10954

**Transaction ID : SB23.4876**

City SAN BERNARDINO State CA Zip Code 92423

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement Contribution

--

Candidate Name

**PETE AGUILAR**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 31

Full Name (Last, First, Middle Initial)

**C. SCHNEIDER FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	17	/	2015

Mailing Address PO BOX 1318

**Transaction ID : SB23.4917**

City DEERFIELD State IL Zip Code 60015

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement Contribution

--

Candidate Name

**BRADLEY SCOTT SCHNEIDER**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 10

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

3000.00
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

Full Name (Last, First, Middle Initial)

**A. SCOTT PETERS FOR CONGRESS**

Mailing Address PO BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement Contribution

Candidate Name

**SCOTT PETERS**

Office Sought:  House  Senate  President

State: CA District: 52

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

**Transaction ID : SB23.4919**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. SEAN PATRICK MALONEY FOR CONGRESS**

Mailing Address PO BOX 270

City NEWBURGH State NY Zip Code 12550

Purpose of Disbursement Contribution

Candidate Name

**SEAN PATRICK MALONEY**

Office Sought:  House  Senate  President

State: NY District: 18

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

**Transaction ID : SB23.4920**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. SUSANNAH RANDOLPH FOR CONGRESS**

Mailing Address PO BOX 533643

City ORLANDO State FL Zip Code 32853

Purpose of Disbursement Contribution

Candidate Name

**SUSANNAH RANDOLPH**

Office Sought:  House  Senate  President

State: FL District: 09

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2015

**Transaction ID : SB23.4870**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

Full Name (Last, First, Middle Initial)

**A. TADDEO FOR CONGRESS**

Mailing Address P.O. BOX 432094

City SOUTH MIAMI State FL Zip Code 33243

Purpose of Disbursement Contribution

Candidate Name

**ANNETTE TADDEO**

Office Sought:  House  Senate  President  
State: FL District: 26

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

Transaction ID : **SB23.4922**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Val Demings for Congress**

Mailing Address PO Box 536926

City Orlando State FL Zip Code 32853

Purpose of Disbursement Contribution

Candidate Name

**Valdez 'Val' Demings**

Office Sought:  House  Senate  President  
State: FL District: 10

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 23 / 2015

Transaction ID : **SB23.4924**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

2000.00

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

33000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEADERSHIP OPPORTUNITY INNOVATION SERVICE PAC - LOIS PAC**

Full Name (Last, First, Middle Initial)

### A. Jewish Women International

Mailing Address 1129 20th St NW  
Ste 801

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SB29.4901

Amount of Each Disbursement this Period

500.00
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Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

500.00
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500.00
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