

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>	<input type="text" value="45659.96"/>	<input type="text" value="45659.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="115750.42"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="365312.73"/>	<input type="text" value="704316.73"/>
(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="481063.15"/>	<input type="text" value="749976.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="388382.39"/>	<input type="text" value="657295.93"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="92680.76"/>	<input type="text" value="92680.76"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

L PAC

Report Covering the Period: From: 07 / 01 / 2015 To: 12 / 31 / 2015

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).....	10750.00	27125.64
(ii) Unitemized	360.00	507.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11110.00	27632.64
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	16110.00	32632.64
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).....	0.88	40.28
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	349201.85	671643.81
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))..... ▶	365312.73	704316.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	365312.73	704316.73

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	0.00	1217.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1217.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	6125.64
24. Independent Expenditures (use Schedule E)	0.00	6016.00
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	388382.39	643936.70
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)) ..	388382.39	657295.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	388382.39	657295.93

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)	16110.00	32632.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16110.00	32632.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1217.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.88	40.28
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-0.88	1177.31

**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 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
L PAC

A. Michael Field
Full Name (Last, First, Middle Initial)

Mailing Address 50 Central Park West
Apartment 5A

City New York State NY Zip Code 10023

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

Name of Employer Field Real Estate Holdings Occupation Real Estate Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
07 / 19 / 2015
Transaction ID : VNW3HDZ8CP9

Amount of Each Receipt this Period
2500.00

Memo Item

B. Chris Gattuso
Full Name (Last, First, Middle Initial)

Mailing Address 3252 Aberfoyle PI NW

City Washington State DC Zip Code 20015-2356

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

Name of Employer Kilpatrick Townsend & Stockton LLP Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
07 / 12 / 2015
Transaction ID : VNW3HE8SXQ6

Amount of Each Receipt this Period
2500.00

Memo Item

C. Chris Gattuso
Full Name (Last, First, Middle Initial)

Mailing Address 3252 Aberfoyle PI NW

City Washington State DC Zip Code 20015-2356

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

Name of Employer Kilpatrick Townsend & Stockton LLP Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7500.00

Date of Receipt
08 / 12 / 2015
Transaction ID : VNW3HE8SXP8

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 7500.00

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 122
	<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

Full Name (Last, First, Middle Initial)
A. Chris Gattuso

Mailing Address 3252 Aberfoyle PI NW

City Washington State DC Zip Code 20015-2356

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

Name of Employer Kilpatrick Townsend & Stockton LLP Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 21 / 2015
Transaction ID : VNW3HEF0F91

Amount of Each Receipt this Period -2500.00

Memo Item

Credit on credit card payment

Full Name (Last, First, Middle Initial)
B. Cynthia Glott

Mailing Address 11 Birch Hill Rd

City Newton State MA Zip Code 02465-2552

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

Name of Employer Museum of Fine Arts, Boston Occupation Director, Planning and Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 18 / 2015
Transaction ID : VNW3HDZ7Q25

Amount of Each Receipt this Period 250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Stephen Magliocco

Mailing Address 1000 NE 3rd St

City Fort Lauderdale State FL Zip Code 33301-1670

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

Name of Employer stephen a magliocco, architect Occupation architect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 24 / 2015
Transaction ID : VNW3HDZDGB8

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ -2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Full Name (Last, First, Middle Initial)
A. Hilary Rosen

Mailing Address **4835 Hutchins PI NW**

City **Washington** State **DC** Zip Code **20007-1529**

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

Name of Employer **SKDKnickerbocker** Occupation **Public Relations**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
07 / 11 / 2015
Transaction ID : VNW3HDYYYYB1

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. LA Teodosio

Mailing Address **29 Pearl St**

City **Provincetown** State **MA** Zip Code **02657**

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

Name of Employer **Self** Occupation **Film & Technology Consultant**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 06 / 2015
Transaction ID : VNW3HDYQQN0

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5250.00
TOTAL This Period (last page this line number only).....▶	10750.00

**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 9 OF 122
<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

Full Name (Last, First, Middle Initial)
A. PLANNED PARENTHOOD ACTION FUND INC. PAC

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 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 / 07 / 2015

Transaction ID : VNW3HE3AH68

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

Memo Item

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

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL 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 10 OF 122
<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. Naomi Aberly
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Mount Vernon Pl
 City Boston State MA Zip Code 02108-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Volunteer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 22 / 2015**
Transaction ID : VNW3HE0N5J5
 Amount of Each Receipt this Period **500.00**
 Memo Item
 Non-Contribution Account

B. J. Bob Alotta
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 Adelphi St 4A
 City Brooklyn State NY Zip Code 11205-2305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Astraea Foundation Occupation Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 20 / 2015**
Transaction ID : VNW3HDZ9P61
 Amount of Each Receipt this Period **250.00**
 Memo Item
 Non-Contribution Account

C. Nancy Asch
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Lanvale Ave
 City Asheville State NC Zip Code 28806-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Musician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 12 / 2015**
Transaction ID : VNW3HDZS300
 Amount of Each Receipt this Period **500.00**
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 11 OF 122
<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 (Last, First, Middle Initial) A. Tess Ayers		Date of Receipt MM / DD / YYYY 08 / 05 / 2015
Mailing Address 21700 Oxnard St Ste 2030		Transaction ID : VNW3HDZMB15
City Woodland Hills	State CA	Zip Code 91367-7545
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Little Mama, Inc.	Occupation Filmmaker	<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 (Last, First, Middle Initial) B. Tess Ayers		Date of Receipt MM / DD / YYYY 12 / 01 / 2015
Mailing Address 21700 Oxnard St Ste 2030		Transaction ID : VNW3HE37VE8
City Woodland Hills	State CA	Zip Code 91367-7545
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Little Mama, Inc.	Occupation Filmmaker	<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 (Last, First, Middle Initial) C. Austin Baidas		Date of Receipt MM / DD / YYYY 09 / 21 / 2015
Mailing Address 800 W Cornelia Ave Apt 400		Transaction ID : VNW3HE0MW54
City Chicago	State IL	Zip Code 60657-1948
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation 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 ▼ 500.00	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 12 OF 122
<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. Desiray Bailey
Full Name (Last, First, Middle Initial)
Mailing Address 22515 6th Ave S
Unit 502
City Des Moines State WA Zip Code 98198-6883
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 ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2015
Transaction ID : VNW3HE099W0
Amount of Each Receipt this Period
250.00
 Memo Item
Non-Contribution Account

B. John Barabino
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 5010
City Monroe State CT Zip Code 06468-8200
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2015
Transaction ID : VNW3HE3NGK3
Amount of Each Receipt this Period
500.00
 Memo Item
Non-Contribution Account

C. James Bennett
Full Name (Last, First, Middle Initial)
Mailing Address 5353 N Magnolia Ave
City Chicago State IL Zip Code 60640-2204
FEC ID number of contributing federal political committee. **C**
Name of Employer Lambda Legal Occupation Regional Director
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
11 / 12 / 2015
Transaction ID : VNW3HE2NZQ5
Amount of Each Receipt this Period
5000.00
 Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	5750.00
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 13 OF 122
<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 (Last, First, Middle Initial) A. Susan Bernstein		Date of Receipt MM / DD / YYYY 07 / 20 / 2015
Mailing Address 82 Ellery St		Transaction ID : VNW3HDZ9TK3
City Cambridge	State MA	Zip Code 02138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Self	Occupation Artist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) B. Amy Bloom		Date of Receipt MM / DD / YYYY 11 / 11 / 2015
Mailing Address 1000 NW North River Dr # 135		Transaction ID : VNW3HE2N6G7
City Miami	State FL	Zip Code 33136-2900
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Florida International University	Occupation Corporate Sponsorships 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 ▼ 300.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) C. Walter Bock		Date of Receipt MM / DD / YYYY 12 / 26 / 2015
Mailing Address 114 Hudson Ave		Transaction ID : VNW3HE3QM73
City Tenafly	State NJ	Zip Code 07670-1004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation 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 ▼ 250.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	3050.00
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 122
<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 (Last, First, Middle Initial)
A. Sandra Bodner

Mailing Address 21 Yale St

City Medford State MA Zip Code 02155

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

Name of Employer Sandy Bodner Strategic Communications Occupation Public Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : VNW3HE0K0P2

Amount of Each Receipt this Period
250.00

Memo Item

Non-Contribution Account

Full Name (Last, First, Middle Initial)
B. Elizabeth Bremner

Mailing Address 907 Allahna Way

City Santa Fe State NM Zip Code 87501-7068

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

Name of Employer KC Properties Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : VNW3HE0N841

Amount of Each Receipt this Period
250.00

Memo Item

Non-Contribution Account

Full Name (Last, First, Middle Initial)
C. Elizabeth Broderick

Mailing Address 1161 Dolphin Rd

City Riviera Beach State FL Zip Code 33404-2714

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2015

Transaction ID : VNW3HE2JBX6

Amount of Each Receipt this Period
300.00

Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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 15 OF 122
<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 (Last, First, Middle Initial) A. Loretta Butehorn		Date of Receipt MM / DD / YYYY 07 / 20 / 2015
Mailing Address 345 Neponset Ave		Transaction ID : VNW3HDZ9MT5
City Dorchester	State MA	Zip Code 02122-3103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation 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 ▼ 250.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) B. Tracey Button		Date of Receipt MM / DD / YYYY 09 / 22 / 2015
Mailing Address 480 N McClurg Court #1113		Transaction ID : VNW3HE0NJ19
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Art Institute of Chicago	Occupation Director of Marketing	<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 (Last, First, Middle Initial) C. Clara Cantor		Date of Receipt MM / DD / YYYY 11 / 16 / 2015
Mailing Address 1201 N Southlake Dr		Transaction ID : VNW3HE2T6M7
City Hollywood	State FL	Zip Code 33019-1503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Information Requested	Occupation 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 ▼ 300.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	800.00
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 16 OF 122
<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. Rea Carey
Full Name (Last, First, Middle Initial)
Mailing Address 2432 20th St NW
City Washington State DC Zip Code 20009-1544
FEC ID number of contributing federal political committee. **C**
Name of Employer National LGBTQ Task Force - Be You Occupation Executive Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 18 / 2015**
Transaction ID : VNW3HE0K4J9
Amount of Each Receipt this Period **500.00**
 Memo Item
Non-Contribution Account

B. Guy Cecil III
Full Name (Last, First, Middle Initial)
Mailing Address 1432 T St NW
City Washington State DC Zip Code 20009-3906
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation None
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 07 / 2015**
Transaction ID : VNW3HE3AJA3
Amount of Each Receipt this Period **500.00**
 Memo Item
Non-Contribution Account

C. Elyse Cherry
Full Name (Last, First, Middle Initial)
Mailing Address 46 Cotswold Rd
City Brookline State MA Zip Code 02445-5837
FEC ID number of contributing federal political committee. **C**
Name of Employer Boston Community Capital Occupation CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **7500.00**

Date of Receipt **08 / 18 / 2015**
Transaction ID : VNW3HDZWC36
Amount of Each Receipt this Period **5000.00**
 Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... **6000.00**
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 17 OF 122
<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 (Last, First, Middle Initial)
A. Kate Clinton

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 Self Occupation Writer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
07 / 20 / 2015
Transaction ID : VNW3HDZ9MZ5

Amount of Each Receipt this Period
1000.00

Memo Item

Non-Contribution Account

Full Name (Last, First, Middle Initial)
B. Kate Clinton

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 Self Occupation Writer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
12 / 15 / 2015
Transaction ID : VNW3HE3K9V7

Amount of Each Receipt this Period
250.00

Memo Item

Non-Contribution Account

Full Name (Last, First, Middle Initial)
C. Barbara E Cohen

Mailing Address 2 Allerton St
A

City Provincetown State MA Zip Code 02657-1702

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

Name of Employer Self Occupation Artist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
07 / 20 / 2015
Transaction ID : VNW3HDZ9TM1

Amount of Each Receipt this Period
250.00

Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 18 OF 122
<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 (Last, First, Middle Initial) A. Constance Collins		Date of Receipt MM / DD / YYYY 09 / 15 / 2015
Mailing Address 8841 Garland Ave		Transaction ID : VNW3HE0G4S9
City Surfside	State FL	Zip Code 33154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Surfside	Occupation 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 ▼ 1000.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) B. Ana Cruz		Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address 6802 N River Shore Dr		Transaction ID : VNW3HE3AJ04
City Tampa	State FL	Zip Code 33604-5927
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Floridian Partners LLC	Occupation 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 ▼ 500.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) C. Susan Culligan		Date of Receipt MM / DD / YYYY 10 / 29 / 2015
Mailing Address 1900 Purdy Ave Apt 2310		Transaction ID : VNW3HE20VC6
City Miami Beach	State FL	Zip Code 33139-1496
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Purple Roofs	Occupation Real Estate	<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

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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 19 OF 122
<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 (Last, First, Middle Initial) A. Susan Culligan		Date of Receipt MM / DD / YYYY 11 / 02 / 2015
Mailing Address 1900 Purdy Ave Apt 2310		Transaction ID : VNW3HE2AAF1
City Miami Beach	State FL	Zip Code 33139-1496
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Purple Roofs	Occupation Real Estate	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) B. Roxanne Cumming		Date of Receipt MM / DD / YYYY 11 / 01 / 2015
Mailing Address 8930 SW 5th Ave		Transaction ID : VNW3HE26RZ4
City Portland	State OR	Zip Code 97219-4822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self as Roxanne Cumming, MD	Occupation Physician	<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 (Last, First, Middle Initial) C. Kim DiTomasso		Date of Receipt MM / DD / YYYY 07 / 29 / 2015
Mailing Address 428 W 23rd St Apt 2B		Transaction ID : VNW3HEF0F75
City New York	State NY	Zip Code 10011-2142
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 239.20
Name of Employer Ditto Consulting	Occupation 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 ▼ 239.20	In-kind contribution

SUBTOTAL of Receipts This Page (optional).....	1039.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 122
<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 (Last, First, Middle Initial) A. Virginia Emes		Date of Receipt MM / DD / YYYY 08 / 04 / 2015 Transaction ID : VNW3HDZM8V4
Mailing Address 1441 Q St NW		Amount of Each Receipt this Period 1000.00
City Washington	State DC	Zip Code 20009-3807
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Virginia Emes	Occupation Landlord/Property Manager	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Joseph Falk		Date of Receipt MM / DD / YYYY 10 / 26 / 2015 Transaction ID : VNW3HE1WXH7
Mailing Address 1770 Micanopy Ave		Amount of Each Receipt this Period 500.00
City Miami	State FL	Zip Code 33133-3323
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Akerman LLP	Occupation Consultant.	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Victoria Federici		Date of Receipt MM / DD / YYYY 11 / 03 / 2015 Transaction ID : VNW3HE2BVN2
Mailing Address 1310 Cleveland Rd Ste 200		Amount of Each Receipt this Period 300.00
City Miami Beach	State FL	Zip Code 33141-1713
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Retired	Occupation N/A	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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 22 OF 122
<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. Diane Felicio
Full Name (Last, First, Middle Initial)

Mailing Address 39 Westchester Rd
Address Line 2

City Jamaica Plain State MA Zip Code 02130-3451

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

Name of Employer Community Catalyst Occupation Fundraiser

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 20 / 2015
Transaction ID : VNW3HDZ9N03

Amount of Each Receipt this Period
500.00

Memo Item

Non-Contribution Account

B. Diane Felicio
Full Name (Last, First, Middle Initial)

Mailing Address 39 Westchester Rd
Address Line 2

City Jamaica Plain State MA Zip Code 02130-3451

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

Name of Employer Community Catalyst Occupation Fundraiser

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
10 / 06 / 2015
Transaction ID : VNW3HE14JZ4

Amount of Each Receipt this Period
250.00

Memo Item

Non-Contribution Account

C. Dolores M Filardi
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1203

City Truro State MA Zip Code 02666-1203

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

Name of Employer Not employed Occupation Not employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 20 / 2015
Transaction ID : VNW3HDZ9N10

Amount of Each Receipt this Period
500.00

Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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 23 OF 122
<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 (Last, First, Middle Initial) A. Barcy Fisher		Date of Receipt MM / DD / YYYY 08 / 24 / 2015
Mailing Address 1620 7th Ave W		Transaction ID : VNW3HE01HG7
City Seattle	State WA	Zip Code 98119-2919
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 550.00	
Name of Employer Stay at home mom	Occupation Stay at home mom	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) B. Janet Frazier		Date of Receipt MM / DD / YYYY 09 / 28 / 2015
Mailing Address 18 Granville Road		Transaction ID : VNW3HE0TAB1
City Lincoln	State MA	Zip Code 01773
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Maloney Properties, Inc.	Occupation Real Estate	<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 (Last, First, Middle Initial) C. Andrea Friedman		Date of Receipt MM / DD / YYYY 12 / 03 / 2015
Mailing Address 1404 W Foster Ave # 3		Transaction ID : VNW3HE39HC7
City Chicago	State IL	Zip Code 60640-2106
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00	
Name of Employer AF Advocacy	Occupation Advocate/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 ▼ 275.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	925.00
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 24 OF 122
<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 (Last, First, Middle Initial) A. Marianne Gabel		Date of Receipt MM / DD / YYYY 11 / 16 / 2015
Mailing Address 157 Collingwood St		Transaction ID : VNW3HE2T2B9
City San Francisco	State CA	Zip Code 94114-2411
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Retired	Occupation Non profit 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 ▼ 300.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) B. Elizabeth Gadinsky		Date of Receipt MM / DD / YYYY 10 / 12 / 2015
Mailing Address 3530 Pine Tree Drive		Transaction ID : VNW3HE1EMS1
City Miami Beach	State FL	Zip Code 33140
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer none	Occupation Volunteer	<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 (Last, First, Middle Initial) c. Miriam Gallardo		Date of Receipt MM / DD / YYYY 10 / 10 / 2015
Mailing Address 437 D Street #6D		Transaction ID : VNW3HE18VC4
City Boston	State MA	Zip Code 02210
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Oracle	Occupation Consulting	<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

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 25 OF 122
<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 (Last, First, Middle Initial) A. Miriam Gallardo		Date of Receipt MM / DD / YYYY 11 / 16 / 2015
Mailing Address 437 D Street #6D		Transaction ID : VNW3HE2T285
City Boston	State MA	Zip Code 02210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
Name of Employer Oracle	Occupation Consulting	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) B. Faith Gay		Date of Receipt MM / DD / YYYY 10 / 05 / 2015
Mailing Address 40 5th Ave Apt 3A		Transaction ID : VNW3HE12ED9
City New York	State NY	Zip Code 10011-8843
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Quinn Emanuel Urquhart & Sullivan, LLP	Occupation 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 ▼ 1000.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) C. Leslie Giblett		Date of Receipt MM / DD / YYYY 09 / 11 / 2015
Mailing Address 2311 North 45th Street #335		Transaction ID : VNW3HE0CK37
City Seattle	State WA	Zip Code 98103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation 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 ▼ 500.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	2700.00
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 26 OF 122
<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 (Last, First, Middle Initial) A. Phillip M Goldberg		Date of Receipt MM / DD / YYYY 09 / 21 / 2015
Mailing Address 2323 N Janssen Ave		Transaction ID : VNW3HE0MY81
City Chicago	State IL	Zip Code 60614-3019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Foley & Lardner LLP	Occupation 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 ▼ 500.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) B. Carlos J Gomez		Date of Receipt MM / DD / YYYY 11 / 13 / 2015
Mailing Address 8500 NE 10th Ave		Transaction ID : VNW3HE2P7Y9
City Miami	State FL	Zip Code 33138-3609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Premier Eye Care	Occupation Healthcare Executive	<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 (Last, First, Middle Initial) C. Carlos J Gomez		Date of Receipt MM / DD / YYYY 11 / 13 / 2015
Mailing Address 8500 NE 10th Ave		Transaction ID : VNW3HE2P8M1
City Miami	State FL	Zip Code 33138-3609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Premier Eye Care	Occupation Healthcare Executive	<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

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 27 OF 122
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: PAGE 27 OF 122
11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Jeremy Gottschalk
Full Name (Last, First, Middle Initial)
Mailing Address 3300 N Kenmore Ave
Unit E
City Chicago State IL Zip Code 60657-7079
FEC ID number of contributing federal political committee. C
Name of Employer Sittercity, Inc. Occupation Attorney
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt 09 / 30 / 2015
Transaction ID : VNW3HE0Z0Z6
Amount of Each Receipt this Period 250.00
Memo Item
Non-Contribution Account

B. Katherine Grainger
Full Name (Last, First, Middle Initial)
Mailing Address 56 Court St
2E
City Brooklyn State NY Zip Code 11201-4912
FEC ID number of contributing federal political committee. C
Name of Employer Civitas Occupation Principal
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt 12 / 05 / 2015
Transaction ID : VNW3HE3A7Y6
Amount of Each Receipt this Period 500.00
Memo Item
Non-Contribution Account

C. Richard L Grossman
Full Name (Last, First, Middle Initial)
Mailing Address 1919 N Lakeside Dr
City Lake Worth State FL Zip Code 33460-6336
FEC ID number of contributing federal political committee. C
Name of Employer Information Requested Occupation Information Requested
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt 07 / 20 / 2015
Transaction ID : VNW3HDZ9NE3
Amount of Each Receipt this Period 250.00
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 28 OF 122
<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 (Last, First, Middle Initial) A. Agnes Gund		Date of Receipt MM / DD / YYYY 09 / 08 / 2015 Transaction ID : VNW3HE0AV62
Mailing Address 765 Park Ave Apt 14B		Amount of Each Receipt this Period 25000.00
City New York	State NY	Zip Code 10021-4271
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Museum of Modern Art	Occupation President Emerita, Art Historian	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

Full Name (Last, First, Middle Initial) B. Rebecca Haag		Date of Receipt MM / DD / YYYY 10 / 29 / 2015 Transaction ID : VNW3HE24Y80
Mailing Address 21 Father Gilday Street #502		Amount of Each Receipt this Period 250.00
City Boston	State MA	Zip Code 02118
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Boston	Occupation Consultant	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Gabrielle Hanna		Date of Receipt MM / DD / YYYY 07 / 20 / 2015 Transaction ID : VNW3HDZ9NG7
Mailing Address 41 Pleasant St		Amount of Each Receipt this Period 250.00
City Provincetown	State MA	Zip Code 02657-2000
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Coldwell Banker Pat Shultz Real Estate	Occupation Realtor	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	25000.00
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 29 OF 122
<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 (Last, First, Middle Initial)
A. Mary Harper

Mailing Address 1535 Grand Ave

City Kalamazoo State MI Zip Code 49006-4416

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : VNW3HE3TFM1

Amount of Each Receipt this Period
500.00

Memo Item

Non-Contribution Account

Full Name (Last, First, Middle Initial)
B. Monisha Harrell

Mailing Address 18203 Larch Way

City Lynnwood State WA Zip Code 98037-4942

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

Name of Employer Self Occupation Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : VNW3HE0AV79

Amount of Each Receipt this Period
250.00

Memo Item

Non-Contribution Account

Full Name (Last, First, Middle Initial)
C. Sue Harrison

Mailing Address PO Box 7096

City Fort Lauderdale State FL Zip Code 33338-7096

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

Name of Employer My Old Florida Occupation New Media Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : VNW3HDZ9N36

Amount of Each Receipt this Period
250.00

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 30 OF 122
<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. Alan Hergott
Full Name (Last, First, Middle Initial)

Mailing Address 150 S Rodeo Dr
FI 3

City State Zip Code
Beverly Hills CA 90212-2410

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

Name of Employer Occupation
Bloom Hergott et al Lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2015

Transaction ID : VNW3HDZRYE8

Amount of Each Receipt this Period
1500.00

Memo Item

Non-Contribution Account

B. Alan Hergott
Full Name (Last, First, Middle Initial)

Mailing Address 150 S Rodeo Dr
FI 3

City State Zip Code
Beverly Hills CA 90212-2410

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

Name of Employer Occupation
Bloom Hergott et al Lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
MM / DD / YYYY
12 / 14 / 2015

Transaction ID : VNW3HE3K4D6

Amount of Each Receipt this Period
100.00

Memo Item

Non-Contribution Account

C. Kris A Hermanns
Full Name (Last, First, Middle Initial)

Mailing Address 1730 22nd Ave, #609W

City State Zip Code
Seattle WA 98122

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

Name of Employer Occupation
Pride Foundation Nonprofit Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2015

Transaction ID : VNW3HE05QQ8

Amount of Each Receipt this Period
1500.00

Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	3100.00
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 31 OF 122
<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 (Last, First, Middle Initial) A. Amanda Hite		Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address 100 Florida Ave NE Apt 906		Transaction ID : VNW3HE3AF72
City Washington	State DC	Zip Code 20002-3287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BTC Revolutions	Occupation 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 ▼ 625.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) B. Becky Huinker		Date of Receipt MM / DD / YYYY 09 / 21 / 2015
Mailing Address 1431 W Summerdale Ave Unit 2B		Transaction ID : VNW3HE0MKZ1
City Chicago	State IL	Zip Code 60640
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bryan Cave LLP	Occupation 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 ▼ 500.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) c. Linda Hyland		Date of Receipt MM / DD / YYYY 11 / 16 / 2015
Mailing Address 10 Bowdoin St Apt 20		Transaction ID : VNW3HE2T9T0
City Boston	State MA	Zip Code 02114-4239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Brigham and Women's Hospital	Occupation Physician Assistant	<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

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 122
<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. Delana Jones
Full Name (Last, First, Middle Initial)
Mailing Address 5009 SW Hanford St
City Seattle State WA Zip Code 98116-2936
FEC ID number of contributing federal political committee. **C**
Name of Employer Moxie Media Occupation Consultant
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 23 / 2015**
Transaction ID : VNW3HE3Q938
Amount of Each Receipt this Period **500.00**
 Memo Item
Non-Contribution Account

B. Margaret Jones
Full Name (Last, First, Middle Initial)
Mailing Address 3541 N. Fremont Street
City Chicago State IL Zip Code 60657
FEC ID number of contributing federal political committee. **C**
Name of Employer Hyatt Hotels Occupation Attorney
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 15 / 2015**
Transaction ID : VNW3HE0FPW4
Amount of Each Receipt this Period **1000.00**
 Memo Item
Non-Contribution Account

C. Linda Ketner
Full Name (Last, First, Middle Initial)
Mailing Address 12 Church St
City Charleston State SC Zip Code 29401-2744
FEC ID number of contributing federal political committee. **C**
Name of Employer KSI Lead. and Management Dev. Occupation Management Consultant
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **12 / 16 / 2015**
Transaction ID : VNW3HE3MBY3
Amount of Each Receipt this Period **5000.00**
 Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	6500.00
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 122
<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 (Last, First, Middle Initial) A. Pamela J Layng		Date of Receipt MM / DD / YYYY 11 / 16 / 2015
Mailing Address 248 Cortez Rd		Transaction ID : VNW3HE2T6V3
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 150.00
Name of Employer PLJ Associates	Occupation President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) B. Pamela J Layng		Date of Receipt MM / DD / YYYY 12 / 30 / 2015
Mailing Address 248 Cortez Rd		Transaction ID : VNW3HE3SH30
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 100.00
Name of Employer PLJ Associates	Occupation President	<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 (Last, First, Middle Initial) C. Joan Lenane		Date of Receipt MM / DD / YYYY 07 / 20 / 2015
Mailing Address PO Box 681		Transaction ID : VNW3HDZ9NB9
City Provincetown	State MA	Zip Code 02657-0681
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employeed	Occupation Real Estate Sales	<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

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 122
<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 (Last, First, Middle Initial) A. Jeanne Leszczynski		Date of Receipt 10 / 04 / 2015 Transaction ID : VNW3HE11TH6
Mailing Address 65 Wellesley Ave		Amount of Each Receipt this Period 250.00
City Needham Heights	State MA	Zip Code 02494-1821
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Retired	Occupation Retired	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Jeanne Leszczynski		Date of Receipt 10 / 29 / 2015 Transaction ID : VNW3HE24AJ6
Mailing Address 65 Wellesley Ave		Amount of Each Receipt this Period 250.00
City Needham Heights	State MA	Zip Code 02494-1821
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Retired	Occupation Retired	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Maria Lopez		Date of Receipt 07 / 20 / 2015 Transaction ID : VNW3HDZ9NH5
Mailing Address 22 Beacon Heights Dr		Amount of Each Receipt this Period 500.00
City Newton Center	State MA	Zip Code 02459-2022
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Retired	Occupation Retired	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 37 OF 122
<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. Patricia Marshall
Full Name (Last, First, Middle Initial)
Mailing Address 208 Willow Brook Dr
City Wayland State MA Zip Code 01778-5124
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Business Owner
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 20 / 2015**
Transaction ID : VNW3HDZ9NQ2
Amount of Each Receipt this Period **500.00**
 Memo Item
Non-Contribution Account

B. Rick McCarthy
Full Name (Last, First, Middle Initial)
Mailing Address 11 Dartmouth Pl # 3
City Boston State MA Zip Code 02116-6106
FEC ID number of contributing federal political committee. **C**
Name of Employer US Bank Occupation Banker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 21 / 2015**
Transaction ID : VNW3HDZAK63
Amount of Each Receipt this Period **250.00**
 Memo Item
Non-Contribution Account

C. Tim McCarthy
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1446
City Provincetown State MA Zip Code 02657-5446
FEC ID number of contributing federal political committee. **C**
Name of Employer LIPTV Occupation Publisher
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 21 / 2015**
Transaction ID : VNW3HDZAKB2
Amount of Each Receipt this Period **500.00**
 Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... **1250.00**
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 38 OF 122
<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 (Last, First, Middle Initial)
A. Anita McGahan

Mailing Address **PO Box 654**

City **Provincetown** State **MA** Zip Code **02657**

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

Name of Employer **University of Toronto** Occupation **Professor**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 01 / 2015**

Transaction ID : VNW3HE07460

Amount of Each Receipt this Period **500.00**

Memo Item

Non-Contribution Account

Full Name (Last, First, Middle Initial)
B. Friedrike Merck

Mailing Address **1732 1st Ave # 28114**

City **New York** State **NY** Zip Code **10128-5177**

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

Name of Employer **Self** Occupation **Artist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **12 / 15 / 2015**

Transaction ID : VNW3HE3M4W2

Amount of Each Receipt this Period **1000.00**

Memo Item

Non-Contribution Account

Full Name (Last, First, Middle Initial)
C. Aisha Moodie-Mills

Mailing Address **1441 Harvard St NW Apt 2**

City **Washington** State **DC** Zip Code **20009-4695**

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

Name of Employer **President & CEO** Occupation **Gay and Lesbian Victory Fund**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 03 / 2015**

Transaction ID : VNW3HE39N43

Amount of Each Receipt this Period **500.00**

Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ▶ **2000.00**

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 40 OF 122
<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. Giulia Norton
Full Name (Last, First, Middle Initial)
Mailing Address 19 Cranston St.
City Jamaica Plain State MA Zip Code 02130
FEC ID number of contributing federal political committee. **C**
Name of Employer Neighborhood Health Plan Occupation Manager of Medical Economics-Clinical
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2015
Transaction ID : VNW3HE0S5F4
Amount of Each Receipt this Period 125.00
 Memo Item
Non-Contribution Account

B. Giulia Norton
Full Name (Last, First, Middle Initial)
Mailing Address 19 Cranston St.
City Jamaica Plain State MA Zip Code 02130
FEC ID number of contributing federal political committee. **C**
Name of Employer Neighborhood Health Plan Occupation Manager of Medical Economics-Clinical
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2015
Transaction ID : VNW3HE0S5G2
Amount of Each Receipt this Period 125.00
 Memo Item
Non-Contribution Account

C. Dr Betty Orlandino
Full Name (Last, First, Middle Initial)
Mailing Address 3332 NE 190th St UPH15
City Aventura State FL Zip Code 33180-2672
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Master Exec Coach
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 12 / 2015
Transaction ID : VNW3HDZS8F8
Amount of Each Receipt this Period 1000.00
 Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 41 OF 122
<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. Clark Pellett
Full Name (Last, First, Middle Initial)

Mailing Address 680 N Lake Shore Dr
Apt 1302

City Chicago State IL Zip Code 60611-4482

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

Name of Employer Self Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 20 / 2015
Transaction ID : VNW3HE1QFA4

Amount of Each Receipt this Period
5000.00

Memo Item

Non-Contribution Account

B. Robert Petris
Full Name (Last, First, Middle Initial)

Mailing Address 927 Parker Gray School Way

City Alexandria State VA Zip Code 22314-6443

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

Name of Employer Petris & Johnson Occupation Executive Search

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 20 / 2015
Transaction ID : VNW3HE2ZQ98

Amount of Each Receipt this Period
250.00

Memo Item

Non-Contribution Account

C. Beth Pile
Full Name (Last, First, Middle Initial)

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 Promontory Interfinancial Network Occupation Chief Risk Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
11 / 30 / 2015
Transaction ID : VNW3HE35VV5

Amount of Each Receipt this Period
375.00

Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	5625.00
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 42 OF 122
<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. Kathryn E Pile
Full Name (Last, First, Middle Initial)
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 Promontory Interfinancial Network Occupation Financial Services
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 3000.00

Date of Receipt 12 / 07 / 2015
Transaction ID : VNW3HE3AJ79
Amount of Each Receipt this Period 500.00
 Memo Item
Non-Contribution Account

B. Tina Podlodowski
Full Name (Last, First, Middle Initial)
Mailing Address 1620 7th Ave W
City Seattle State WA Zip Code 98119-2919
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Consultant
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2500.00

Date of Receipt 09 / 11 / 2015
Transaction ID : VNW3HE0CHW9
Amount of Each Receipt this Period 2500.00
 Memo Item
Non-Contribution Account

C. Tina Podlodowski
Full Name (Last, First, Middle Initial)
Mailing Address 1620 7th Ave W
City Seattle State WA Zip Code 98119-2919
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Consultant
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 4768.13

Date of Receipt 09 / 17 / 2015
Transaction ID : VNW3HE11MG6
Amount of Each Receipt this Period 2268.13
 Memo Item
In-kind contribution

SUBTOTAL of Receipts This Page (optional)..... 5268.13
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 43 OF 122
<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. Tina Podlodowski
Full Name (Last, First, Middle Initial)

Mailing Address 1620 7th Ave W

City Seattle	State WA	Zip Code 98119-2919
-----------------	-------------	------------------------

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

Name of Employer Self-employed	Occupation Consultant
-----------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7268.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : VNW3HE1J586

Amount of Each Receipt this Period
2500.00

Memo Item

Non-Contribution Account

B. Tina Podlodowski
Full Name (Last, First, Middle Initial)

Mailing Address 1620 7th Ave W

City Seattle	State WA	Zip Code 98119-2919
-----------------	-------------	------------------------

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

Name of Employer Self-employed	Occupation Consultant
-----------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8268.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2015

Transaction ID : VNW3HE3MEA1

Amount of Each Receipt this Period
1000.00

Memo Item

Non-Contribution Account

C. Nancy Proffitt
Full Name (Last, First, Middle Initial)

Mailing Address 326 Maddock St

City West Palm Beach	State FL	Zip Code 33405-4626
-------------------------	-------------	------------------------

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

Name of Employer Proffitt Management Solution	Occupation Executive Business Coach
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2015

Transaction ID : VNW3HE19MD5

Amount of Each Receipt this Period
300.00

Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	3800.00
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 44 OF 122
<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 (Last, First, Middle Initial) A. Sue Reamer		Date of Receipt MM / DD / YYYY 09 / 21 / 2015
Mailing Address 20 Webster St Apt 213		Transaction ID : VNW3HE0MKA5
City Brookline	State MA	Zip Code 02446-4963
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer Information Requested	Occupation 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 ▼ 2500.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) B. Laura Ricketts		Date of Receipt MM / DD / YYYY 12 / 23 / 2015
Mailing Address 430 Sheridan Rd		Transaction ID : VNW3HE5BPY8
City Wilmette	State IL	Zip Code 60091-2821
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50000.00	
Name of Employer Self	Occupation 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 ▼ 155000.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) C. Alix L Ritchie		Date of Receipt MM / DD / YYYY 07 / 02 / 2015
Mailing Address PO Box 30220		Transaction ID : VNW3HE5X8Z9
City Fort Lauderdale	State FL	Zip Code 33303-0220
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1024.00	
Name of Employer Fort Lauderdale	Occupation media 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 ▼ 51024.00	In-kind contribution

SUBTOTAL of Receipts This Page (optional).....	53524.00
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 45 OF 122
<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 (Last, First, Middle Initial) A. Alix L Ritchie		Date of Receipt MM / DD / YYYY 08 / 12 / 2015
Mailing Address PO Box 30220		Transaction ID : VNW3HDZS2Z2
City Fort Lauderdale	State FL	Zip Code 33303-0220
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50000.00	
Name of Employer Fort Lauderdale	Occupation media 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 ▼ 101024.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) B. Alix L Ritchie		Date of Receipt MM / DD / YYYY 12 / 22 / 2015
Mailing Address PO Box 30220		Transaction ID : VNW3HE3PN44
City Fort Lauderdale	State FL	Zip Code 33303-0220
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50000.00	
Name of Employer Fort Lauderdale	Occupation media 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 ▼ 151024.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) C. Sally Rose		Date of Receipt MM / DD / YYYY 11 / 05 / 2015
Mailing Address PO Box 681		Transaction ID : VNW3HE2D2R8
City Provincetown	State MA	Zip Code 02657-0681
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer Provincetown Banner	Occupation Editor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	102500.00
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 46 OF 122
<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 (Last, First, Middle Initial) A. Hilary Rosen		Date of Receipt 10 / 15 / 2015 Transaction ID : VNW3HE1J410
Mailing Address 4835 Hutchins PI NW		Amount of Each Receipt this Period 10000.00
City Washington	State DC	Zip Code 20007-1529
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer SKDKnickerbocker	Occupation Public Relations	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 27500.00	

Full Name (Last, First, Middle Initial) B. Sheryl Rosenfield		Date of Receipt 11 / 16 / 2015 Transaction ID : VNW3HE2T2F9
Mailing Address 13611 Deering Bay Dr Apt 901		Amount of Each Receipt this Period 300.00
City Coral Gables	State FL	Zip Code 33158-2842
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self	Occupation Consultant	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Leslie J Sandberg		Date of Receipt 07 / 20 / 2015 Transaction ID : VNW3HDZ9ND5
Mailing Address 10 Thistlemore Rd		Amount of Each Receipt this Period 1000.00
City Provincetown	State MA	Zip Code 02657-1750
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Information Requested	Occupation Information Requested	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	11300.00
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 47 OF 122
<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 (Last, First, Middle Initial) A. Jean Saul		Date of Receipt MM / DD / YYYY 10 / 15 / 2015
Mailing Address 1470 S Quebec Way #115		Transaction ID : VNW3HE1HM72
City Denver	State CO	Zip Code 80231
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="750.00"/>
Name of Employer Retired	Occupation 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 ▼ <input type="text" value="750.00"/>	Non-Contribution Account

Full Name (Last, First, Middle Initial) B. Elizabeth Schwartz		Date of Receipt MM / DD / YYYY 11 / 13 / 2015
Mailing Address 690 Lincoln Rd 304		Transaction ID : VNW3HE2PFD0
City Miami Beach	State FL	Zip Code 33139-2904
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 Elizabeth F Schwartz, PA	Occupation 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 ▼ <input type="text" value="1000.00"/>	Non-Contribution Account

Full Name (Last, First, Middle Initial) C. Linda Serafini		Date of Receipt MM / DD / YYYY 07 / 21 / 2015
Mailing Address 86 Hammond St		Transaction ID : VNW3HDZAWT0
City Acton	State MA	Zip Code 01720-3225
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer CSC ServiceWorks	Occupation 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 ▼ <input type="text" value="500.00"/>	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2250.00"/>
TOTAL 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 48 OF 122
<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 (Last, First, Middle Initial) A. Sheila S Sheehan		Date of Receipt MM / DD / YYYY 07 / 20 / 2015
Mailing Address 594 Commercial St		Transaction ID : VNW3HDZ9NV4
City Provincetown	State MA	Zip Code 02657-1726
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer None	Occupation None	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) B. Naomi Sobel		Date of Receipt MM / DD / YYYY 08 / 25 / 2015
Mailing Address 4623 Melbourne Ave Apt 1		Transaction ID : VNW3HE02TC3
City Los Angeles	State CA	Zip Code 90027-4258
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3600.00
Name of Employer Astraea Lesbian Found. for Jus	Occupation Fundraising	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) C. Kyle Spainhour		Date of Receipt MM / DD / YYYY 08 / 24 / 2015
Mailing Address 1177 22ns St NW Unit 8C		Transaction ID : VNW3HE01QB0
City Washington	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Leidos Inc.	Occupation SVP Finance	<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

SUBTOTAL of Receipts This Page (optional).....▶	6350.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 49 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial)
A. Campbell Spencer

Mailing Address 4615 N Park Ave
Apt 501

City Chevy Chase State MD Zip Code 20815-4512

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

Name of Employer The Campbell Spencer Group Occupation Public Affairs Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2015
Transaction ID : VNW3HE3AJ61

Amount of Each Receipt this Period
500.00

Memo Item

Non-Contribution Account

Full Name (Last, First, Middle Initial)
B. Thomas Stearns

Mailing Address 12 Mechanic St

City Provincetown State MA Zip Code 02657-2025

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 ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015
Transaction ID : VNW3HDZH5K1

Amount of Each Receipt this Period
500.00

Memo Item

Non-Contribution Account

Full Name (Last, First, Middle Initial)
C. Sally Susman

Mailing Address 113 East 19th Street

City New York State NY Zip Code 10003

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

Name of Employer Pfizer Occupation EVP Corporate Affairs

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 / 18 / 2015
Transaction ID : VNW3HDZXYS6

Amount of Each Receipt this Period
5000.00

Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00

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 50 OF 122
<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. Lillian Tamayo
Full Name (Last, First, Middle Initial)
Mailing Address 6307 Garden Ave
City West Palm Beach State FL Zip Code 33405-4201
FEC ID number of contributing federal political committee. **C**
Name of Employer Planned Parenthood - South Florida Occupation Healthcare
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 10 / 16 / 2015
Transaction ID : VNW3HE1NGB7
Amount of Each Receipt this Period 300.00
 Memo Item
Non-Contribution Account

B. Urvashi Vaid
Full Name (Last, First, Middle Initial)
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 The Vaid Group LLC Occupation Attorney/Writer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 10500.00

Date of Receipt 12 / 16 / 2015
Transaction ID : VNW3HE3MBZ1
Amount of Each Receipt this Period 500.00
 Memo Item
Non-Contribution Account

C. John VanderLinden
Full Name (Last, First, Middle Initial)
Mailing Address 2430 N Lakeview Ave
City Chicago State IL Zip Code 60614-2877
FEC ID number of contributing federal political committee. **C**
Name of Employer Berkshire Hathaway Occupation Real Estate
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 09 / 22 / 2015
Transaction ID : VNW3HE0N375
Amount of Each Receipt this Period 500.00
 Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... 1300.00
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 122
<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 (Last, First, Middle Initial)
A. Donna Victoria

Mailing Address 1104 Merwood Dr

City Takoma Park State MD Zip Code 20912-6912

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

Name of Employer Victoria Research Occupation Market Researcher

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
 08 / 14 / 2015

Transaction ID : VNW3HDZVAP4

Amount of Each Receipt this Period
2500.00

Memo Item

Non-Contribution Account

Full Name (Last, First, Middle Initial)
B. Ann Viitala

Mailing Address 3449 45th Ave S

City Minneapolis State MN Zip Code 55406

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

Name of Employer Self Occupation Employer

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
 09 / 03 / 2015

Transaction ID : VNW3HE08FB0

Amount of Each Receipt this Period
1000.00

Memo Item

Non-Contribution Account

Full Name (Last, First, Middle Initial)
C. Olive Watson

Mailing Address 1550 Daytonia Rd

City Miami Beach State FL Zip Code 33141-1731

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

Name of Employer Self Occupation Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : VNW3HE3A3N5

Amount of Each Receipt this Period
2000.00

Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	5500.00
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 52 OF 122
<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 (Last, First, Middle Initial) A. Joanne Weiner		Date of Receipt MM / DD / YYYY 12 / 08 / 2015
Mailing Address 1617 SW 20th Ave		Transaction ID : VNW3HE3BKP5
City Boca Raton	State FL	Zip Code 33486-8522
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1700.00	
Name of Employer Palm Beach Academy	Occupation 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 ▼ 1700.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) B. B. Rodney White		Date of Receipt MM / DD / YYYY 10 / 05 / 2015
Mailing Address 1035 Adams St.		Transaction ID : VNW3HE12M24
City Hollywood	State FL	Zip Code 33019
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Making Projects Work, Inc.	Occupation 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 ▼ 1000.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) C. Gail Williams		Date of Receipt MM / DD / YYYY 07 / 20 / 2015
Mailing Address 1000 S Pointe Dr Apt 2101		Transaction ID : VNW3HDZ9NS8
City Miami Beach	State FL	Zip Code 33139-7348
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Williams McCall Gallery	Occupation 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 ▼ 500.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	3200.00
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 53 OF 122
<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. Cris Williamson
 Full Name (Last, First, Middle Initial)
 Mailing Address 346 N 75th Street
 City Seattle State WA Zip Code 98103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Singer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 09 / 06 / 2015
Transaction ID : VNW3HE09KJ1
 Amount of Each Receipt this Period 250.00
 Memo Item
 Non-Contribution Account

B. Susan Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1309 Beacon St., Suite #1
 City Brookline State MA Zip Code 02446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Law Offices of Susan Wilson, LLC Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 09 / 10 / 2015
Transaction ID : VNW3HE0B902
 Amount of Each Receipt this Period 250.00
 Memo Item
 Non-Contribution Account

C. Jeri Wolfson
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1680
 City Sun Valley State ID Zip Code 83353-1680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Art Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 10 / 29 / 2015
Transaction ID : VNW3HE24A03
 Amount of Each Receipt this Period 500.00
 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 54 OF 122
<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 (Last, First, Middle Initial)
Jeri Wolfson

Mailing Address **PO Box 1680**

City **Sun Valley** State **ID** Zip Code **83353-1680**

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

Name of Employer **Self-employed** Occupation **Art Consultant**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : VNW3HE3T1C6

Amount of Each Receipt this Period

250.00

 Memo Item

Non-Contribution Account

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

Amount of Each Receipt this Period

--

 Memo Item

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

Amount of Each Receipt this Period

--

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	334606.33

**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)
L PAC

Full Name (Last, First, Middle Initial)

A. Alamo Rent-a-Car

Mailing Address 23430 Autopilot Dr

City Sterling State VA Zip Code 20166-7706

Purpose of Disbursement
Travel

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
11 / 16 / 2015

Transaction ID : VNV499SJ951

Amount of Each Disbursement this Period

224.84

Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

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
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 / 08 / 2015

Transaction ID : VNV499SJ969

Amount of Each Disbursement this Period

276.20

Memo Item

Full Name (Last, First, Middle Initial)

C. American Airlines

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
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 / 17 / 2015

Transaction ID : VNV499SJ977

Amount of Each Disbursement this Period

324.20

Memo Item

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

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

825.24

**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)
L PAC

Full Name (Last, First, Middle Initial)

A. American Airlines

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJ985

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJ993

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. American Airlines

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJ9A1

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Amtrak

Mailing Address 201 I St NE

City Washington State DC Zip Code 20002-4449

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : VNV499SJ9B8

Amount of Each Disbursement this Period

422.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Amtrak

Mailing Address 201 I St NE

City Washington State DC Zip Code 20002-4449

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : VNV499SJ9C6

Amount of Each Disbursement this Period

755.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Amtrak

Mailing Address 201 I St NE

City Washington State DC Zip Code 20002-4449

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : VNV499SJ9D4

Amount of Each Disbursement this Period

56.00

Memo Item

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

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

1233.00

**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)
L PAC

Full Name (Last, First, Middle Initial)

A. Amtrak

Mailing Address 201 I St NE

City Washington State DC Zip Code 20002-4449

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJ9E2

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128-8999

Purpose of Disbursement
Credit card processing for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJ9G8

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128-8999

Purpose of Disbursement
Credit card processing for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJ9H6

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. Authorize.net		<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>09</td> <td></td> <td>02</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	09		02		2015
M M M	/	D D D	/	Y Y Y Y Y									
09		02		2015									
Mailing Address PO Box 8999		Transaction ID : VNV499SJ9J4											
City	State	Zip Code	Amount of Each Disbursement this Period										
San Francisco	CA	94128-8999	<table border="1"> <tr> <td>40.70</td> </tr> </table>	40.70									
40.70													
Purpose of Disbursement Credit card processing for PAC		Category/ Type	<input type="checkbox"/> Memo Item										
Candidate Name													
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State:	District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. Authorize.net		<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>10</td> <td></td> <td>02</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	10		02		2015
M M M	/	D D D	/	Y Y Y Y Y									
10		02		2015									
Mailing Address PO Box 8999		Transaction ID : VNV499SJ9K2											
City	State	Zip Code	Amount of Each Disbursement this Period										
San Francisco	CA	94128-8999	<table border="1"> <tr> <td>40.70</td> </tr> </table>	40.70									
40.70													
Purpose of Disbursement Credit card processing for PAC		Category/ Type	<input type="checkbox"/> Memo Item										
Candidate Name													
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State:	District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. Authorize.net		<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>11</td> <td></td> <td>03</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	11		03		2015
M M M	/	D D D	/	Y Y Y Y Y									
11		03		2015									
Mailing Address PO Box 8999		Transaction ID : VNV499SJ9M0											
City	State	Zip Code	Amount of Each Disbursement this Period										
San Francisco	CA	94128-8999	<table border="1"> <tr> <td>40.70</td> </tr> </table>	40.70									
40.70													
Purpose of Disbursement Credit card processing for PAC		Category/ Type	<input type="checkbox"/> Memo Item										
Candidate Name													
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State:	District:												

SUBTOTAL of Disbursements This Page (optional).....	▶	<table border="1"> <tr> <td>122.10</td> </tr> </table>	122.10
122.10			
TOTAL This Period (last page this line number only).....	▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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)
L PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128-8999

Purpose of Disbursement
Credit card processing for PAC

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 / 02 / 2015

Transaction ID : VNV499SJ9N7

Amount of Each Disbursement this Period

40.70

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 700 13th St NW

City Washington State DC Zip Code 20005-3950

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

M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2015

Transaction ID : VNV499SJ9P5

Amount of Each Disbursement this Period

214.74

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address 700 13th St NW

City Washington State DC Zip Code 20005-3950

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

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2015

Transaction ID : VNV499SJ9Q3

Amount of Each Disbursement this Period

25.76

Memo Item
Non-Contribution Account

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

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

281.20

**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)
L PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 700 13th St NW

City Washington State DC Zip Code 20005-3950

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

/ /

Transaction ID : VNV499SJTE9

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 700 13th St NW

City Washington State DC Zip Code 20005-3950

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

/ /

Transaction ID : VNV499SJTF7

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Best Western

Mailing Address 6201 N 24th Pkwy

City Phoenix State AZ Zip Code 85016-2023

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJTG5

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Care2.com

Mailing Address 275 Shoreline Dr
Ste 300

City Redwood City State CA Zip Code 94065-1490

Purpose of Disbursement
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 / D D / Y Y Y Y Y Y
11 / 12 / 2015

Transaction ID : VNV499S8YK7

Amount of Each Disbursement this Period

4999.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Carefirst Bluecross/Blueshield

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0003

Purpose of Disbursement
Health Insurance

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
07 / 09 / 2015

Transaction ID : VNV499SJTX7

Amount of Each Disbursement this Period

548.33

Memo Item

Full Name (Last, First, Middle Initial)

C. Carefirst Bluecross/Blueshield

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0003

Purpose of Disbursement
Health Insurance

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
08 / 10 / 2015

Transaction ID : VNV499SJTY5

Amount of Each Disbursement this Period

548.33

Memo Item

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

6095.66

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial) A. Carefirst Bluecross/Blueshield		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 840 1st St NE		Transaction ID : VNV499SJTZ3
City Washington State DC Zip Code 20065-0003	Amount of Each Disbursement this Period 548.33	
Purpose of Disbursement Health Insurance	Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Carefirst Bluecross/Blueshield		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address 840 1st St NE		Transaction ID : VNV499SJV01
City Washington State DC Zip Code 20065-0003	Amount of Each Disbursement this Period 548.33	
Purpose of Disbursement Health Insurance	Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Carefirst Bluecross/Blueshield		Date of Disbursement MM / DD / YYYY 11 / 09 / 2015
Mailing Address 840 1st St NE		Transaction ID : VNV499SJV19
City Washington State DC Zip Code 20065-0003	Amount of Each Disbursement this Period 548.33	
Purpose of Disbursement Health Insurance	Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	1644.99
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"/> 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)
L PAC

Full Name (Last, First, Middle Initial) A. Carefirst Bluecross/Blueshield		Date of Disbursement MM / DD / YYYY 12 / 09 / 2015
Mailing Address 840 1st St NE		Transaction ID : VNV499SJV27
City Washington State DC Zip Code 20065-0003	Amount of Each Disbursement this Period 548.33	
Purpose of Disbursement Health Insurance	Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Carr Workplace		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 1101 Connecticut Ave NW Ste 450		Transaction ID : VNV499SJV35
City Washington State DC Zip Code 20036-4359	Amount of Each Disbursement this Period 1855.72	
Purpose of Disbursement Rent	Category/ Type	<input type="checkbox"/> Memo Item Non-Contribution Account
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Carr Workplace		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 1101 Connecticut Ave NW Ste 450		Transaction ID : VNV499SJV43
City Washington State DC Zip Code 20036-4359	Amount of Each Disbursement this Period 1849.38	
Purpose of Disbursement Rent	Category/ Type	<input type="checkbox"/> Memo Item Non-Contribution Account
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

4253.43

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Carr Workplace

Mailing Address 1101 Connecticut Ave NW
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJV50

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Carr Workplace

Mailing Address 1101 Connecticut Ave NW
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJV68

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Carr Workplace

Mailing Address 1101 Connecticut Ave NW
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJV76

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Carr Workplace

Mailing Address 1101 Connecticut Ave NW
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJV84

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Civitas Public Affairs

Mailing Address 601 13th St NW

City Washington State DC Zip Code 20005-3805

Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499RYWP9

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Civitas Public Affairs

Mailing Address 601 13th St NW

City Washington State DC Zip Code 20005-3805

Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499RXBV4

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Civitas Public Affairs

Mailing Address 601 13th St NW

City Washington State DC Zip Code 20005-3805

Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : VNV499RYX15

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Civitas Public Affairs

Mailing Address 601 13th St NW

City Washington State DC Zip Code 20005-3805

Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2015

Transaction ID : VNV499RZDB8

Amount of Each Disbursement this Period

1079.01

Memo Item

Full Name (Last, First, Middle Initial)

C. Civitas Public Affairs

Mailing Address 601 13th St NW

City Washington State DC Zip Code 20005-3805

Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : VNV499S0Y21

Amount of Each Disbursement this Period

10000.00

Memo Item

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

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

21079.01

**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)
L PAC

Full Name (Last, First, Middle Initial)

A. Civitas Public Affairs

Mailing Address 601 13th St NW

City Washington State DC Zip Code 20005-3805

Purpose of Disbursement
Strategic Consulting 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
10 / 02 / 2015

Transaction ID : VNV499S6ZT8

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Civitas Public Affairs

Mailing Address 601 13th St NW

City Washington State DC Zip Code 20005-3805

Purpose of Disbursement
Travel Reimbursement

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
11 / 12 / 2015

Transaction ID : VNV499S8YM5

Amount of Each Disbursement this Period

770.61

Memo Item

Full Name (Last, First, Middle Initial)

C. Amtrak

Mailing Address 201 I St NE

City Washington State DC Zip Code 20002-4449

Purpose of Disbursement
Travel

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
11 / 12 / 2015

Transaction ID : VNV499S8YR7

Amount of Each Disbursement this Period

272.00

Memo Item

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

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

10770.61

**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)
L PAC

Full Name (Last, First, Middle Initial)

A. Eventbrite

Mailing Address 155 5th St
FI 7

City San Francisco State CA Zip Code 94103-2919

Purpose of Disbursement
Event Tickets

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499S8YT3

Amount of Each Disbursement this Period

Memo Item *

Full Name (Last, First, Middle Initial)

B. Uber Technologies

Mailing Address 182 Howard St
Ste 8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499S8YS5

Amount of Each Disbursement this Period

Memo Item *

Full Name (Last, First, Middle Initial)

C. Civitas Public Affairs

Mailing Address 601 13th St NW

City Washington State DC Zip Code 20005-3805

Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SBM44

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

A. Civitas Public Affairs

Full Name (Last, First, Middle Initial)

Mailing Address 601 13th St NW

City Washington State DC Zip Code 20005-3805

Purpose of Disbursement Strategic Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 18 / 2015

Transaction ID : VNV499SJVA0

Amount of Each Disbursement this Period: 432.53

Memo Item

B. Civitas Public Affairs

Full Name (Last, First, Middle Initial)

Mailing Address 601 13th St NW

City Washington State DC Zip Code 20005-3805

Purpose of Disbursement Strategic Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 23 / 2015

Transaction ID : VNV499SJV8

Amount of Each Disbursement this Period: 30000.00

Memo Item

C. Civitas Public Affairs

Full Name (Last, First, Middle Initial)

Mailing Address 601 13th St NW

City Washington State DC Zip Code 20005-3805

Purpose of Disbursement Strategic Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 28 / 2015

Transaction ID : VNV499SJVC6

Amount of Each Disbursement this Period: 15000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 45432.53

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Collective Conscience, LLC

Mailing Address 7254 Hollywood Blvd
Apt 1

City Los Angeles State CA Zip Code 90046-3117

Purpose of Disbursement
Communication Consulting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499RXBW2

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Collective Conscience, LLC

Mailing Address 7254 Hollywood Blvd
Apt 1

City Los Angeles State CA Zip Code 90046-3117

Purpose of Disbursement
Communication Consulting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499S3274

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Collective Conscience, LLC

Mailing Address 7254 Hollywood Blvd
Apt 1

City Los Angeles State CA Zip Code 90046-3117

Purpose of Disbursement
Communication Consulting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499S8WH9

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Collective Conscience, LLC

Mailing Address 7254 Hollywood Blvd
Apt 1

City Los Angeles State CA Zip Code 90046-3117

Purpose of Disbursement
Communication 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 / 23 / 2015

Transaction ID : VNV499SJVE2

Amount of Each Disbursement this Period

5500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement
Travel

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 / 08 / 2015

Transaction ID : VNV499SJS6

Amount of Each Disbursement this Period

179.60

Memo Item

Full Name (Last, First, Middle Initial)

C. Dentegra

Mailing Address PO Box 1850

City Alpharetta State GA Zip Code 30023-1850

Purpose of Disbursement
Health Insurance

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 / 03 / 2015

Transaction ID : VNV499SJVT4

Amount of Each Disbursement this Period

26.82

Memo Item

Non-Contribution Account

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

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

5706.42

**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)
L PAC

Full Name (Last, First, Middle Initial)

A. Dentegra

Mailing Address PO Box 1850

City Alpharetta State GA Zip Code 30023-1850

Purpose of Disbursement
Health Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJVV2

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Dentegra

Mailing Address PO Box 1850

City Alpharetta State GA Zip Code 30023-1850

Purpose of Disbursement
Health Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJVW0

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Dentegra

Mailing Address PO Box 1850

City Alpharetta State GA Zip Code 30023-1850

Purpose of Disbursement
Health Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJVX8

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Dentegra

Mailing Address PO Box 1850

City Alpharetta State GA Zip Code 30023-1850

Purpose of Disbursement
Health Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJY6

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Dentegra

Mailing Address PO Box 1850

City Alpharetta State GA Zip Code 30023-1850

Purpose of Disbursement
Health Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJVZ4

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Kim DiTomasso

Mailing Address 428 W 23rd St
Apt 2B

City New York State NY Zip Code 10011-2142

Purpose of Disbursement
In-kind: Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499T2TNO

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)
A. Ditto Consulting

Date of Disbursement: MM / DD / YYYY
07 / 20 / 2015

Mailing Address: 428 W 23rd St Apt 2B
City: New York State: NY Zip Code: 10011-2142

Purpose of Disbursement: Fundraising Consulting Services
Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **VNV499RXBZ5**

Amount of Each Disbursement this Period: 8000.00

Memo Item Non-Contribution Account

Full Name (Last, First, Middle Initial)
B. Ditto Consulting

Date of Disbursement: MM / DD / YYYY
07 / 29 / 2015

Mailing Address: 428 W 23rd St Apt 2B
City: New York State: NY Zip Code: 10011-2142

Purpose of Disbursement: Fundraising Consulting Services
Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **VNV499RYX23**

Amount of Each Disbursement this Period: 528.12

Memo Item

Full Name (Last, First, Middle Initial)
C. Ditto Consulting

Date of Disbursement: MM / DD / YYYY
08 / 17 / 2015

Mailing Address: 428 W 23rd St Apt 2B
City: New York State: NY Zip Code: 10011-2142

Purpose of Disbursement: Fundraising Consulting Services
Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **VNV499RZDA0**

Amount of Each Disbursement this Period: 8000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 16528.12

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Ditto Consulting

Mailing Address 428 W 23rd St
Apt 2B

City New York State NY Zip Code 10011-2142

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499S23Q5

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Ditto Consulting

Mailing Address 428 W 23rd St
Apt 2B

City New York State NY Zip Code 10011-2142

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499S7496

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Ditto Consulting

Mailing Address 428 W 23rd St
Apt 2B

City New York State NY Zip Code 10011-2142

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJW28

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Ditto Consulting

Mailing Address 428 W 23rd St
Apt 2B

City New York State NY Zip Code 10011-2142

Purpose of Disbursement
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 / D D / Y Y Y Y Y Y
12 / 23 / 2015

Transaction ID : VNV499SJW35

Amount of Each Disbursement this Period

8499.89

Memo Item

Full Name (Last, First, Middle Initial)

B. Expedia

Mailing Address 333 108th Ave NE
Ste 300

City Bellevue State WA Zip Code 98004-5736

Purpose of Disbursement
Travel

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
08 / 10 / 2015

Transaction ID : VNV499SJW51

Amount of Each Disbursement this Period

369.92

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Expedia

Mailing Address 333 108th Ave NE
Ste 300

City Bellevue State WA Zip Code 98004-5736

Purpose of Disbursement
Travel

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
09 / 08 / 2015

Transaction ID : VNV499SJW69

Amount of Each Disbursement this Period

216.94

Memo Item
Non-Contribution Account

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

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

9086.75

**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)
L PAC

Full Name (Last, First, Middle Initial)

A. Expedia

Mailing Address 333 108th Ave NE
Ste 300

City Bellevue State WA Zip Code 98004-5736

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJW77

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Expedia

Mailing Address 333 108th Ave NE
Ste 300

City Bellevue State WA Zip Code 98004-5736

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJW85

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Expedia

Mailing Address 333 108th Ave NE
Ste 300

City Bellevue State WA Zip Code 98004-5736

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJW93

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. First Data - Merchant Services		<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>07</td> <td></td> <td>02</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	07		02		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
07		02		2015									
Mailing Address 1 Western Maryland Pkwy		Transaction ID : VNV499SJWA1											
City Hagerstown	State MD	Zip Code 21740-5146	Amount of Each Disbursement this Period										
Purpose of Disbursement Credit Card Processing Fee	Category/Type		561.47										
Candidate Name	Disbursement For:		<input type="checkbox"/> Memo Item										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Non-Contribution Account										
State: District:	<input type="checkbox"/> Other (specify) ▼												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. First Data - Merchant Services		<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>09</td> <td></td> <td>02</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		02		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
09		02		2015									
Mailing Address 1 Western Maryland Pkwy		Transaction ID : VNV499SJWB9											
City Hagerstown	State MD	Zip Code 21740-5146	Amount of Each Disbursement this Period										
Purpose of Disbursement Credit Card Processing Fee	Category/Type		1159.32										
Candidate Name	Disbursement For:		<input type="checkbox"/> Memo Item										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Non-Contribution Account										
State: District:	<input type="checkbox"/> Other (specify) ▼												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. First Data - Merchant Services		<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>10</td> <td></td> <td>02</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		02		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
10		02		2015									
Mailing Address 1 Western Maryland Pkwy		Transaction ID : VNV499SJWC7											
City Hagerstown	State MD	Zip Code 21740-5146	Amount of Each Disbursement this Period										
Purpose of Disbursement Credit Card Processing Fee	Category/Type		730.20										
Candidate Name	Disbursement For:		<input type="checkbox"/> Memo Item										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Non-Contribution Account										
State: District:	<input type="checkbox"/> Other (specify) ▼												

SUBTOTAL of Disbursements This Page (optional).....	2450.99
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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. First Data - Merchant Services

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJWD4

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. First Data - Merchant Services

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJWE2

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Gay & Lesbian Victory Fund

Mailing Address 1133 15th St NW
Ste 350

City Washington State DC Zip Code 20005-2722

Purpose of Disbursement
Event Tickets

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499S8WJ7

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial) A. Michael Gilmore		Date of Disbursement MM / DD / YYYY 12 / 18 / 2015
Mailing Address 2301 Fairview Ave E Unit 312		Transaction ID : VNV499SJX70
City Seattle	State WA	
Zip Code 98102-6535	Purpose of Disbursement Fundraising Consulting Services	Amount of Each Disbursement this Period 7203.64
Candidate Name	Category/Type	<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. Ginny Foat for Mayor		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 673 N Palm Canyon Dr Ste D		Transaction ID : VNV499S10Q1
City Palm Springs	State CA	
Zip Code 92262-5553	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/Type	<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) C. Google		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1600 Amphitheatre Pkwy		Transaction ID : VNV499SJWJ4
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Software	Amount of Each Disbursement this Period 26.92
Candidate Name	Category/Type	<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) ▼	Non-Contribution Account
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	8230.56
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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Google

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement
Software

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJWK2

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement
Software

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJWM0

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Google

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement
Software

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJWN8

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Google

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement
Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJWP6

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement
Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJWQ3

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Harmon, Curran, Spielberg & Eisenberg, LLC

Mailing Address 1726 M St NW
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499RXXB0

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Harmon, Curran, Spielberg & Eisenberg, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2015

Mailing Address 1726 M St NW
Ste 600

Transaction ID : VNV499S23M1

City Washington State DC Zip Code 20036-4523

Amount of Each Disbursement this Period

64.26

Purpose of Disbursement
Legal Fees

Category/Type

Candidate Name

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Harmon, Curran, Spielberg & Eisenberg, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2015

Mailing Address 1726 M St NW
Ste 600

Transaction ID : VNV499S23N9

City Washington State DC Zip Code 20036-4523

Amount of Each Disbursement this Period

2689.74

Purpose of Disbursement
Legal Fees

Category/Type

Candidate Name

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Harmon, Curran, Spielberg & Eisenberg, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2015

Mailing Address 1726 M St NW
Ste 600

Transaction ID : VNV499S70S3

City Washington State DC Zip Code 20036-4523

Amount of Each Disbursement this Period

1179.96

Purpose of Disbursement
Legal Fees

Category/Type

Candidate Name

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

3933.96

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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 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Harmon, Curran, Spielberg & Eisenberg, LLC

Mailing Address 1726 M St NW
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499S81F4

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Harmon, Curran, Spielberg & Eisenberg, LLC

Mailing Address 1726 M St NW
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SBM52

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Harmon, Curran, Spielberg & Eisenberg, LLC

Mailing Address 1726 M St NW
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJWY9

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Heritage House

Mailing Address 7 Center St

City Provincetown State MA Zip Code 02657-2309

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJWZ7

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Jackie for Mayor

Mailing Address PO Box 521405

City Salt Lake City State UT Zip Code 84152-1405

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499S23S1

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. John Agnesini Graphic Design

Mailing Address 1843 N Cherokee Ave

City Los Angeles State CA Zip Code 90028-4753

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJX12

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. McCabe for Senate

Mailing Address PO Box 4332

City Ashburn State VA Zip Code 20148-0017

Purpose of Disbursement
Non-federal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499S23R3

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Mindset

Mailing Address 1220 N Fillmore St Ste 400

City Arlington State VA Zip Code 22201-6501

Purpose of Disbursement
Consulting: Fundraising Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499S4G88

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Mindset

Mailing Address 1220 N Fillmore St Ste 400

City Arlington State VA Zip Code 22201-6501

Purpose of Disbursement
Consulting: Fundraising Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499RZDC6

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Mindset

Mailing Address 1220 N Fillmore St
Ste 400

City Arlington State VA Zip Code 22201-6501

Purpose of Disbursement
Consulting: Fundraising Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499S0Y47

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Mindset

Mailing Address 1220 N Fillmore St
Ste 400

City Arlington State VA Zip Code 22201-6501

Purpose of Disbursement
Consulting: Fundraising Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499S70R5

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Mindset

Mailing Address 1220 N Fillmore St
Ste 400

City Arlington State VA Zip Code 22201-6501

Purpose of Disbursement
Consulting: Fundraising Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJX88

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Mission Control Inc

Mailing Address 624 Hebron Ave
Bldg 200

City Glastonbury State CT Zip Code 06033-2470

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SDE78

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Mission Control Inc

Mailing Address 624 Hebron Ave
Bldg 200

City Glastonbury State CT Zip Code 06033-2470

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJJ96

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. NARAL Pro-Choice Virginia

Mailing Address 901 N Washington St
Ste 603

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499S6ZS0

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. New York Times

Mailing Address 620 8th Ave

City New York State NY Zip Code 10018-1618

Purpose of Disbursement
Subscription

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJXB1

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. New York Times

Mailing Address 620 8th Ave

City New York State NY Zip Code 10018-1618

Purpose of Disbursement
Subscription

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJXC9

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. New York Times

Mailing Address 620 8th Ave

City New York State NY Zip Code 10018-1618

Purpose of Disbursement
Subscription

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJXD7

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. New York Times

Mailing Address 620 8th Ave

City New York State NY Zip Code 10018-1618

Purpose of Disbursement
Subscription

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJXE5

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. New York Times

Mailing Address 620 8th Ave

City New York State NY Zip Code 10018-1618

Purpose of Disbursement
Subscription

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJXF3

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. New York Times

Mailing Address 620 8th Ave

City New York State NY Zip Code 10018-1618

Purpose of Disbursement
Subscription

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJXG1

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. NGP VAN

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Software

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499RXB18

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. NGP VAN

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Software

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJXH9

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. NGP VAN

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Software

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJXJ7

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. NGP VAN

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Software

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 / 10 / 2015

Transaction ID : VNV499SCTV4

Amount of Each Disbursement this Period

1050.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Olive Street Design

Mailing Address 264 E Kenilworth Ave

City Villa Park State IL Zip Code 60181-5502

Purpose of Disbursement
Website 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 / 05 / 2015

Transaction ID : VNV499SJXR4

Amount of Each Disbursement this Period

7567.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Olive Street Design

Mailing Address 264 E Kenilworth Ave

City Villa Park State IL Zip Code 60181-5502

Purpose of Disbursement
Website 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 / 08 / 2015

Transaction ID : VNV499S0Y39

Amount of Each Disbursement this Period

1020.00

Memo Item

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

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

9637.00

**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)
L PAC

Full Name (Last, First, Middle Initial) A. Olive Street Design		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address 264 E Kenilworth Ave		Transaction ID : VNV499S81G2
City Villa Park	State IL	
Purpose of Disbursement Website Services		Amount of Each Disbursement this Period 160.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Olive Street Design		Date of Disbursement MM / DD / YYYY 11 / 12 / 2015
Mailing Address 264 E Kenilworth Ave		Transaction ID : VNV499S8YJ0
City Villa Park	State IL	
Purpose of Disbursement Website Services		Amount of Each Disbursement this Period 149.50
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Olive Street Design		Date of Disbursement MM / DD / YYYY 12 / 23 / 2015
Mailing Address 264 E Kenilworth Ave		Transaction ID : VNV499SJXQ6
City Villa Park	State IL	
Purpose of Disbursement Website Services		Amount of Each Disbursement this Period 143.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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

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

452.50

**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)
L PAC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJXX4

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJXY2

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJXZ9

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJY07

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJY15

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJY23

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJY31

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJY49

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJY57

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJY65

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJY73

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJY81

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJY98

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJYA6

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJYB4

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJYC2

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJYD0

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJYE8

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJYF6

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJYG4

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJYH2

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJYJ0

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJYK7

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJYM5

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJYN3

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SJYP1

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. PCMS, LLC

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499RYWN1

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. PCMS, LLC

Mailing Address 1050 17th St NW
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499RZDD4

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PCMS, LLC

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499S0Y13

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PCMS, LLC

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499S70N2

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. PCMS, LLC

Mailing Address 1050 17th St NW
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement
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
10 / 08 / 2015

Transaction ID : VNV499S70P0

Amount of Each Disbursement this Period

73.34

Memo Item

Full Name (Last, First, Middle Initial)

B. PCMS, LLC

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
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
11 / 12 / 2015

Transaction ID : VNV499S8YH2

Amount of Each Disbursement this Period

1400.51

Memo Item

Full Name (Last, First, Middle Initial)

C. PCMS, LLC

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
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 / 23 / 2015

Transaction ID : VNV499SJYQ9

Amount of Each Disbursement this Period

1308.43

Memo Item

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

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

2782.28

**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)
L PAC

Full Name (Last, First, Middle Initial) A. Tina Podlodowski		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 1620 7th Ave W		Transaction ID : VNV499SK3W9
City Seattle	State WA	
Zip Code 98119-2919	Purpose of Disbursement In-kind Catering	Amount of Each Disbursement this Period 2268.13
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. Practice Makes Progress		Date of Disbursement MM / DD / YYYY 11 / 12 / 2015
Mailing Address 1875 Connecticut Ave NW FI 10		Transaction ID : VNV499S8YZ2
City Washington	State DC	
Zip Code 20009-5728	Purpose of Disbursement Fundraising Consulting Services	Amount of Each Disbursement this Period 1256.25
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Practice Makes Progress		Date of Disbursement MM / DD / YYYY 12 / 23 / 2015
Mailing Address 1875 Connecticut Ave NW FI 10		Transaction ID : VNV499SJYR5
City Washington	State DC	
Zip Code 20009-5728	Purpose of Disbursement Fundraising Consulting Services	Amount of Each Disbursement this Period 2381.25
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	5905.63
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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Preferred Insurance Services Inc

Mailing Address 26 Fairfax St SE
Ste G

City Leesburg State VA Zip Code 20175-3621

Purpose of Disbursement
Insurance 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 : VNV499S0Y06

Amount of Each Disbursement this Period

3441.75

Memo Item

Full Name (Last, First, Middle Initial)

B. Pritchett for Auditor

Mailing Address PO Box 16425

City Jackson State MS Zip Code 39236-6425

Purpose of Disbursement
Non-federal Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2015

Transaction ID : VNV499S23P7

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Alix L Ritchie

Mailing Address PO Box 30220

City Fort Lauderdale State FL Zip Code 33303-0220

Purpose of Disbursement
In-kind Printing advertising

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 / 02 / 2015

Transaction ID : VNV499SK3X6

Amount of Each Disbursement this Period

1024.00

Memo Item

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

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

5465.75

**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)
L PAC

Full Name (Last, First, Middle Initial)

A. Sage Inn

Mailing Address 725 Cerrillos Rd

City Santa Fe State NM Zip Code 87505-3029

Purpose of Disbursement
Site rental

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : VNV499SJYW7

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sage Inn

Mailing Address 725 Cerrillos Rd

City Santa Fe State NM Zip Code 87505-3029

Purpose of Disbursement
Site rental

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2015

Transaction ID : VNV499SJYX4

Amount of Each Disbursement this Period

567.53

Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : VNV499SK2V8

Amount of Each Disbursement this Period

3483.31

Memo Item

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

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

4550.84

**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)
L PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Travel Reimbursements see below if itemized

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499RXBJ3

Amount of Each Disbursement this Period

Memo Item
Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. New York Times

Mailing Address 620 8th Ave

City New York State NY Zip Code 10018-1618

Purpose of Disbursement
Subscription

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499RXBM9

Amount of Each Disbursement this Period

Memo Item
* Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Uber Technologies

Mailing Address 182 Howard St
Ste 8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499RXBK1

Amount of Each Disbursement this Period

Memo Item
* Non-Contribution Account

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJTH2

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJTJ0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Travel reimbursement, see below if itemized

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499S4FX3

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. American Airlines

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499S4FY1

Amount of Each Disbursement this Period

Memo Item *

Full Name (Last, First, Middle Initial)

B. American Airlines

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499S4G72

Amount of Each Disbursement this Period

Memo Item *

Full Name (Last, First, Middle Initial)

C. Orbitz

Mailing Address 500 W Madison St

City Chicago State IL Zip Code 60661-2559

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499S4FZ9

Amount of Each Disbursement this Period

Memo Item *

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJTK8

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJTN4

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Travel reimbursement, see below if itemized

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499S10T5

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499S10W0

Amount of Each Disbursement this Period

Memo Item *

Full Name (Last, First, Middle Initial)

B. Orbitz

Mailing Address 500 W Madison St

City Chicago State IL Zip Code 60661-2559

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499S10Z4

Amount of Each Disbursement this Period

Memo Item *

Full Name (Last, First, Middle Initial)

C. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SK2W6

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SK2X4

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Expense Reimbursement see below if itemized

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499S7006

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJTP2

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SK2Y2

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SK2Z9

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499SK307

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Travel Reimbursement, see below if itemized

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SK331

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address 2702 Love Field Dr

City Dallas State TX Zip Code 75235-1908

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SK3Q9

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SK315

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SK323

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SkipJack

Mailing Address 8500 Governors Hill Dr

City Symmes Twp State OH Zip Code 45249-1384

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJYY2

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SkipJack

Mailing Address 8500 Governors Hill Dr

City Symmes Twp State OH Zip Code 45249-1384

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJYZ0

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. SkipJack

Mailing Address 8500 Governors Hill Dr

City State Zip Code
Symmes Twp OH 45249-1384

Purpose of Disbursement
Insurance

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 / 01 / 2015

Transaction ID : VNV499SJZ08

Amount of Each Disbursement this Period

1185.62

Memo Item

Full Name (Last, First, Middle Initial)

B. Sonoma

Mailing Address 223 Pennsylvania Ave SE

City State Zip Code
Washington DC 20003-1107

Purpose of Disbursement
Catering

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 / 07 / 2015

Transaction ID : VNV499SK3R7

Amount of Each Disbursement this Period

5855.66

Memo Item

Full Name (Last, First, Middle Initial)

C. Staples Inc.

Mailing Address 500 Staples Dr

City State Zip Code
Framingham MA 01702-4478

Purpose of Disbursement
Office Supplies

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 / 15 / 2015

Transaction ID : VNV499SJZ16

Amount of Each Disbursement this Period

51.93

Memo Item

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

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

7093.21

**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)
L PAC

Full Name (Last, First, Middle Initial)

A. Staples Inc.

Mailing Address 500 Staples Dr

City Framingham State MA Zip Code 01702-4478

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJZ24

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Staples Inc.

Mailing Address 500 Staples Dr

City Framingham State MA Zip Code 01702-4478

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJZ32

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Town Hall Foundation Inc

Mailing Address 123 W 43rd St

City New York State NY Zip Code 10036-6586

Purpose of Disbursement
Site Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499RZD92

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Tropicana

Mailing Address 2831 Boardwalk

City Atlantic City State NJ Zip Code 08401-6338

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJZE9

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Tropicana

Mailing Address 2831 Boardwalk

City Atlantic City State NJ Zip Code 08401-6338

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJZF7

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Uber Technologies

Mailing Address 182 Howard St
Ste 8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJZH2

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Uber Technologies

Mailing Address 182 Howard St
Ste 8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJZJ0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Uber Technologies

Mailing Address 182 Howard St
Ste 8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJZK8

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Uber Technologies

Mailing Address 182 Howard St
Ste 8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SJM6

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
L PAC

Full Name (Last, First, Middle Initial)

A. Uber Technologies

Mailing Address 182 Howard St
Ste 8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 13 / 2015

Transaction ID : VNV499SJZN4

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Uber Technologies

Mailing Address 182 Howard St
Ste 8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
11 / 05 / 2015

Transaction ID : VNV499SJZP2

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address 233 S Wacker Dr

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
08 / 14 / 2015

Transaction ID : VNV499SJR8

Amount of Each Disbursement this Period

Memo Item

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

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