

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **393 7TH AVENUE, SUITE 301**
Check if different than previously reported. (ACC) **SAN FRANCISCO CA 94118**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00450098 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2017 through / / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
MASON, STACY, , ,
Type or Print Name of Treasurer

Signature of Treasurer MASON, STACY, , , [Electronically Filed] Date / / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

WOMENCOUNT 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="2017"/>	<input type="text" value="4706.06"/>	<input type="text" value="4706.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15342.40"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="26085.65"/>	<input type="text" value="482089.90"/>
(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="41428.05"/>	<input type="text" value="486795.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="33985.76"/>	<input type="text" value="479353.67"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7442.29"/>	<input type="text" value="7442.29"/>
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="12116.25"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

WOMENCOUNT PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
11 / 30 / 2017

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).....	24525.00	463551.43
(ii) Unitemized	251.00	251.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	24776.00	463802.43
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1309.65	18273.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	26085.65	482075.43
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	14.47
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)).....▶	26085.65	482089.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	26085.65	482089.90

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	1245.76	22520.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1245.76	22520.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19913.58	433425.80
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	272.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	15.09
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	287.79
29. Other Disbursements (Including Non-Federal Donations).....	12826.42	23119.75
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33985.76	479353.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33985.76	479353.67

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	26085.65	482075.43
34. Total Contribution Refunds (from Line 28(d))	0.00	287.79
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26085.65	481787.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1245.76	22520.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1245.76	22520.33

**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 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. CARR, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 552 28TH STREET
 City SAN FRANCISCO State CA Zip Code 94132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 01 / 2017
Transaction ID : INCA15516
 Amount of Each Receipt this Period 35.71
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. CARR, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 552 28TH STREET
 City SAN FRANCISCO State CA Zip Code 94132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 01 / 2017
Transaction ID : INCA15512
 Amount of Each Receipt this Period 35.71
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. CARR, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 552 28TH STREET
 City SAN FRANCISCO State CA Zip Code 94132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 01 / 2017
Transaction ID : INCA15514
 Amount of Each Receipt this Period 35.71
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	107.13
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:	PAGE 7 OF 324
	(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)
WOMENCOUNT PAC

A. CARR, DIANE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 552 28TH STREET

City SAN FRANCISCO	State CA	Zip Code 94132
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2017

Transaction ID : INCA15515

Amount of Each Receipt this Period
35.71

Memo Item
ERMK: KARRIE DELANEY FOR DELEGATE

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

Mailing Address 552 28TH STREET

City SAN FRANCISCO	State CA	Zip Code 94132
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2017

Transaction ID : INCA15513

Amount of Each Receipt this Period
35.71

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

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

Mailing Address 552 28TH STREET

City SAN FRANCISCO	State CA	Zip Code 94132
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2017

Transaction ID : INCA15518

Amount of Each Receipt this Period
35.74

Memo Item
ERMK: LOCAL MAJORITY

SUBTOTAL of Receipts This Page (optional).....▶	107.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. CARR, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 552 28TH STREET
 City SAN FRANCISCO State CA Zip Code 94132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2017
Transaction ID : INCA15517
 Amount of Each Receipt this Period 35.71
 Memo Item
 ERMK: AYALA FOR DELEGATE

B. FRAM, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1225 MONTE VERDE CT
 City LOS ALTOS State CA Zip Code 94024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) BUSINESS CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 125.00

Date of Receipt 11 / 01 / 2017
Transaction ID : INCA15529
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. FRAM, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1225 MONTE VERDE CT
 City LOS ALTOS State CA Zip Code 94024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) BUSINESS CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 125.00

Date of Receipt 11 / 01 / 2017
Transaction ID : INCA15527
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	85.71
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 9 OF 324
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRAM, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1225 MONTE VERDE CT
 City LOS ALTOS State CA Zip Code 94024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) BUSINESS CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 125.00

Date of Receipt 11 / 01 / 2017
Transaction ID : INCA15526
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. FRAM, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1225 MONTE VERDE CT
 City LOS ALTOS State CA Zip Code 94024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) BUSINESS CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 125.00

Date of Receipt 11 / 01 / 2017
Transaction ID : INCA15530
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. FRAM, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1225 MONTE VERDE CT
 City LOS ALTOS State CA Zip Code 94024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) BUSINESS CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 125.00

Date of Receipt 11 / 01 / 2017
Transaction ID : INCA15528
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	75.00
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 10 OF 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MAY, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6530 WINDING FARM

City SAN ANTONIO	State TX	Zip Code 78248
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2017

Transaction ID : INCA15536

Amount of Each Receipt this Period
5.00

Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

B. MAY, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6530 WINDING FARM

City SAN ANTONIO	State TX	Zip Code 78248
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2017

Transaction ID : INCA15540

Amount of Each Receipt this Period
5.00

Memo Item
 ERMK: MICHELLE FOR DELEGATE

C. MAY, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6530 WINDING FARM

City SAN ANTONIO	State TX	Zip Code 78248
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2017

Transaction ID : INCA15539

Amount of Each Receipt this Period
5.00

Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MAY, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6530 WINDING FARM

City SAN ANTONIO	State TX	Zip Code 78248
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2017

Transaction ID : INCA15531

Amount of Each Receipt this Period
5.00

Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

B. MAY, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6530 WINDING FARM

City SAN ANTONIO	State TX	Zip Code 78248
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2017

Transaction ID : INCA15532

Amount of Each Receipt this Period
5.00

Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. MAY, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6530 WINDING FARM

City SAN ANTONIO	State TX	Zip Code 78248
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2017

Transaction ID : INCA15538

Amount of Each Receipt this Period
5.00

Memo Item
 ERMK: CROWLEYFORVA98TH

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 324
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MAY, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6530 WINDING FARM

City SAN ANTONIO	State TX	Zip Code 78248
---------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2017

Transaction ID : INCA15535

Amount of Each Receipt this Period
5.00

Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. MAY, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6530 WINDING FARM

City SAN ANTONIO	State TX	Zip Code 78248
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2017

Transaction ID : INCA15533

Amount of Each Receipt this Period
5.00

Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. MAY, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6530 WINDING FARM

City SAN ANTONIO	State TX	Zip Code 78248
---------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2017

Transaction ID : INCA15537

Amount of Each Receipt this Period
5.00

Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MAY, DONNA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6530 WINDING FARM

City SAN ANTONIO	State TX	Zip Code 78248
---------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2017

Transaction ID : INCA15534

Amount of Each Receipt this Period
50.00

Memo Item
ERMK: JENNIFER CARROLL FOY FOR DELEGATE

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

Mailing Address 48 BIG TREE ROAD

City WOODSIDE	State CA	Zip Code 94062
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) NOT EMPLOYED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2017

Transaction ID : INCA15510

Amount of Each Receipt this Period
250.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

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

Mailing Address 48 BIG TREE ROAD

City WOODSIDE	State CA	Zip Code 94062
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) NOT EMPLOYED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2017

Transaction ID : INCA15511

Amount of Each Receipt this Period
250.00

Memo Item
ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	505.00
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 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MCCARTHY, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 BIG TREE ROAD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 01 / 2017
Transaction ID : INCA15509
 Amount of Each Receipt this Period 250.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. MCCARTHY, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 BIG TREE ROAD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 01 / 2017
Transaction ID : INCA15507
 Amount of Each Receipt this Period 500.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

C. MCCARTHY, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 BIG TREE ROAD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 01 / 2017
Transaction ID : INCA15508
 Amount of Each Receipt this Period 250.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

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: PAGE 15 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MCCARTHY, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 BIG TREE ROAD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 01 / 2017
Transaction ID : INCA15506
 Amount of Each Receipt this Period 500.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. QUINN, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 BEAR PAW
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 01 / 2017
Transaction ID : INCA15524
 Amount of Each Receipt this Period 30.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

C. QUINN, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 BEAR PAW
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 01 / 2017
Transaction ID : INCA15520
 Amount of Each Receipt this Period 30.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 560.00
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 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. QUINN, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 BEAR PAW
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 11 / 01 / 2017
Transaction ID : INCA15521
 Amount of Each Receipt this Period 30.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

B. QUINN, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 BEAR PAW
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 11 / 01 / 2017
Transaction ID : INCA15519
 Amount of Each Receipt this Period 30.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. QUINN, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 BEAR PAW
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 11 / 01 / 2017
Transaction ID : INCA15525
 Amount of Each Receipt this Period 30.00
 Memo Item
 ERMK: LOCAL MAJORITY

SUBTOTAL of Receipts This Page (optional).....	90.00
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 17 OF 324
	(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

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. QUINN, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 BEAR PAW
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 01 / 2017
Transaction ID : INCA15523
 Amount of Each Receipt this Period 30.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. QUINN, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 BEAR PAW
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 01 / 2017
Transaction ID : INCA15522
 Amount of Each Receipt this Period 30.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. BUSH, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 65
 City CHERRYFIELD State ME Zip Code 04622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15558
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 65.00
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 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. BUSH, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 65
 City CHERRYFIELD State ME Zip Code 04622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2017
Transaction ID : INCA15560
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

B. BUSH, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 65
 City CHERRYFIELD State ME Zip Code 04622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2017
Transaction ID : INCA15557
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. BUSH, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 65
 City CHERRYFIELD State ME Zip Code 04622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2017
Transaction ID : INCA15559
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 324
	(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)
WOMENCOUNT PAC

A. BUSH, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 65

City CHERRYFIELD	State ME	Zip Code 04622
---------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) NOT EMPLOYED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 40.00

Date of Receipt
 11 / 03 / 2017
Transaction ID : INCA15556

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. BUSH, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 65

City CHERRYFIELD	State ME	Zip Code 04622
---------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) NOT EMPLOYED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 40.00

Date of Receipt
 11 / 03 / 2017
Transaction ID : INCA15555

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. BUSH, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 65

City CHERRYFIELD	State ME	Zip Code 04622
---------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) NOT EMPLOYED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 40.00

Date of Receipt
 11 / 03 / 2017
Transaction ID : INCA15561

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: LOCAL MAJORITY

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 20 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. CAIN, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 LANCASTER AVE
 City KENTFIELD State CA Zip Code 94904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INTERNATIONAL AIDS VACCINE INITIATIVE Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15590
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. CAIN, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 LANCASTER AVE
 City KENTFIELD State CA Zip Code 94904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INTERNATIONAL AIDS VACCINE INITIATIVE Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15586
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

C. CAIN, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 LANCASTER AVE
 City KENTFIELD State CA Zip Code 94904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INTERNATIONAL AIDS VACCINE INITIATIVE Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15588
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 21 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. CAIN, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 LANCASTER AVE
 City KENTFIELD State CA Zip Code 94904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INTERNATIONAL AIDS VACCINE INITIATIVE Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2017
Transaction ID : INCA15589
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. CAIN, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 LANCASTER AVE
 City KENTFIELD State CA Zip Code 94904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INTERNATIONAL AIDS VACCINE INITIATIVE Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2017
Transaction ID : INCA15587
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. CAIN, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 LANCASTER AVE
 City KENTFIELD State CA Zip Code 94904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INTERNATIONAL AIDS VACCINE INITIATIVE Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2017
Transaction ID : INCA15592
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. CAIN, KAREN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 85 LANCASTER AVE

City KENTFIELD	State CA	Zip Code 94904
-------------------	-------------	-------------------

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

Name of Employer (for Individual) INTERNATIONAL AIDS VACCINE INITIATIVE	Occupation (for Individual) DIRECTOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt

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

Transaction ID : INCA15591

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: KATHLEEN MURPHY FOR DELEGATE

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

Mailing Address 85 LANCASTER AVE

City KENTFIELD	State CA	Zip Code 94904
-------------------	-------------	-------------------

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

Name of Employer (for Individual) INTERNATIONAL AIDS VACCINE INITIATIVE	Occupation (for Individual) DIRECTOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt

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

Transaction ID : INCA15594

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: MORGAN GOODMAN FOR VIRGINIA

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

Mailing Address 85 LANCASTER AVE

City KENTFIELD	State CA	Zip Code 94904
-------------------	-------------	-------------------

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

Name of Employer (for Individual) INTERNATIONAL AIDS VACCINE INITIATIVE	Occupation (for Individual) DIRECTOR
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
150.00

Date of Receipt

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

Transaction ID : INCA15595

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: MICHELLE FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 324
	<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)
WOMENCOUNT PAC

A. CAIN, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 LANCASTER AVE
 City KENTFIELD State CA Zip Code 94904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INTERNATIONAL AIDS VACCINE INITIATIVE Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2017
Transaction ID : INCA15593
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

B. FRANTZ, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 VISTA ROAD
 City HILLSBOROUGH State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAT TRICK COMMUNICATIONS, LLC Occupation (for Individual) MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2017
Transaction ID : INCA15562
 Amount of Each Receipt this Period 20.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

C. FRANTZ, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 VISTA ROAD
 City HILLSBOROUGH State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAT TRICK COMMUNICATIONS, LLC Occupation (for Individual) MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2017
Transaction ID : INCA15575
 Amount of Each Receipt this Period 20.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 24 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRANTZ, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 VISTA ROAD
 City HILLSBOROUGH State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAT TRICK COMMUNICATIONS, LLC Occupation (for Individual) MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15574
 Amount of Each Receipt this Period 20.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

B. FRANTZ, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 VISTA ROAD
 City HILLSBOROUGH State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAT TRICK COMMUNICATIONS, LLC Occupation (for Individual) MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15563
 Amount of Each Receipt this Period 20.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. FRANTZ, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 VISTA ROAD
 City HILLSBOROUGH State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAT TRICK COMMUNICATIONS, LLC Occupation (for Individual) MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15567
 Amount of Each Receipt this Period 20.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
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 324
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRANTZ, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 VISTA ROAD
 City HILLSBOROUGH State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAT TRICK COMMUNICATIONS, LLC Occupation (for Individual) MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15566
 Amount of Each Receipt this Period 20.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. FRANTZ, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 VISTA ROAD
 City HILLSBOROUGH State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAT TRICK COMMUNICATIONS, LLC Occupation (for Individual) MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15573
 Amount of Each Receipt this Period 20.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

C. FRANTZ, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 VISTA ROAD
 City HILLSBOROUGH State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAT TRICK COMMUNICATIONS, LLC Occupation (for Individual) MARKETING CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15565
 Amount of Each Receipt this Period 20.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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 26 OF 324
	(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"/> 15
	<input type="checkbox"/> 12	<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)
WOMENCOUNT PAC

A. FRANTZ, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 VISTA ROAD
 City HILLSBOROUGH State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAT TRICK COMMUNICATIONS, LLC Occupation (for Individual) MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15572
 Amount of Each Receipt this Period 20.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

B. FRANTZ, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 VISTA ROAD
 City HILLSBOROUGH State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAT TRICK COMMUNICATIONS, LLC Occupation (for Individual) MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15564
 Amount of Each Receipt this Period 20.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. KUDITIPUDI, VENKATRAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 WOODSTOCK LN
 City LOS ALTOS State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AVISO, INC Occupation (for Individual) FOUNDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 125.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15568
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 27 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KUDITIPUDI, VENKATRAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 WOODSTOCK LN
 City LOS ALTOS State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AVISO, INC Occupation (for Individual) FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 125.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15570
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

B. KUDITIPUDI, VENKATRAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 WOODSTOCK LN
 City LOS ALTOS State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AVISO, INC Occupation (for Individual) FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 125.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15571
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. KUDITIPUDI, VENKATRAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 WOODSTOCK LN
 City LOS ALTOS State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AVISO, INC Occupation (for Individual) FOUNDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 125.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15569
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 324
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KUDITIPUDI, VENKATRAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 WOODSTOCK LN
 City LOS ALTOS State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AVISO, INC Occupation (for Individual) FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 125.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15596
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. MOORE, COURTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1444 VALLEJO STREET APT. 2
 City SAN FRANCISCO State CA Zip Code 94109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RODAN + FIELDS Occupation (for Individual) VICE PRESIDENT, STRATEGY & INS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4300.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15554
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

C. MOORE, COURTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1444 VALLEJO STREET APT. 2
 City SAN FRANCISCO State CA Zip Code 94109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RODAN + FIELDS Occupation (for Individual) VICE PRESIDENT, STRATEGY & INS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4300.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15553
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
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 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MOORE, COURTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1444 VALLEJO STREET APT. 2

City SAN FRANCISCO	State CA	Zip Code 94109
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) RODAN + FIELDS	Occupation (for Individual) VICE PRESIDENT, STRATEGY & INSI
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 03 / 2017

Transaction ID : INCA15552

Amount of Each Receipt this Period
15.00

Memo Item
ERMK: CROWLEYFORVA98TH

B. MOORE, COURTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1444 VALLEJO STREET APT. 2

City SAN FRANCISCO	State CA	Zip Code 94109
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) RODAN + FIELDS	Occupation (for Individual) VICE PRESIDENT, STRATEGY & INSI
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 03 / 2017

Transaction ID : INCA15545

Amount of Each Receipt this Period
15.00

Memo Item
ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

C. MOORE, COURTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1444 VALLEJO STREET APT. 2

City SAN FRANCISCO	State CA	Zip Code 94109
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) RODAN + FIELDS	Occupation (for Individual) VICE PRESIDENT, STRATEGY & INSIK
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 03 / 2017

Transaction ID : INCA15550

Amount of Each Receipt this Period
15.00

Memo Item
ERMK: KATHLEEN MURPHY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	45.00
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 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MOORE, COURTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1444 VALLEJO STREET APT. 2
 City SAN FRANCISCO State CA Zip Code 94109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RODAN + FIELDS Occupation (for Individual) VICE PRESIDENT, STRATEGY & INSI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4300.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15547
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. MOORE, COURTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1444 VALLEJO STREET APT. 2
 City SAN FRANCISCO State CA Zip Code 94109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RODAN + FIELDS Occupation (for Individual) VICE PRESIDENT, STRATEGY & INSI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4300.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15548
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. MOORE, COURTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1444 VALLEJO STREET APT. 2
 City SAN FRANCISCO State CA Zip Code 94109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RODAN + FIELDS Occupation (for Individual) VICE PRESIDENT, STRATEGY & INSI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4300.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15546
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional).....	45.00
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 324
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MOORE, COURTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1444 VALLEJO STREET APT. 2
 City SAN FRANCISCO State CA Zip Code 94109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RODAN + FIELDS Occupation (for Individual) VICE PRESIDENT, STRATEGY & INSI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4300.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15549
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. MOORE, COURTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1444 VALLEJO STREET APT. 2
 City SAN FRANCISCO State CA Zip Code 94109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RODAN + FIELDS Occupation (for Individual) VICE PRESIDENT, STRATEGY & INSI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4300.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15551
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. RESNICK, FLORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 MORTON STREET, #7
 City NEW YORK State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CORCORAN Occupation (for Individual) REAL ESTATE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15580
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 35.00
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 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. RESNICK, FLORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 MORTON STREET, #7
 City NEW YORK State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CORCORAN Occupation (for Individual) REAL ESTATE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15578
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. RESNICK, FLORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 MORTON STREET, #7
 City NEW YORK State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CORCORAN Occupation (for Individual) REAL ESTATE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15579
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. RESNICK, FLORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 MORTON STREET, #7
 City NEW YORK State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CORCORAN Occupation (for Individual) REAL ESTATE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15583
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 324
	<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)
WOMENCOUNT PAC

A. RESNICK, FLORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 MORTON STREET, #7
 City NEW YORK State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CORCORAN Occupation (for Individual) REAL ESTATE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 11 / 03 / 2017
Transaction ID : INCA15577
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. RESNICK, FLORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 MORTON STREET, #7
 City NEW YORK State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CORCORAN Occupation (for Individual) REAL ESTATE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 11 / 03 / 2017
Transaction ID : INCA15584
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

C. RESNICK, FLORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 MORTON STREET, #7
 City NEW YORK State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CORCORAN Occupation (for Individual) REAL ESTATE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 11 / 03 / 2017
Transaction ID : INCA15585
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. RESNICK, FLORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 MORTON STREET, #7
 City NEW YORK State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CORCORAN Occupation (for Individual) REAL ESTATE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15582
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

B. RESNICK, FLORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 MORTON STREET, #7
 City NEW YORK State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CORCORAN Occupation (for Individual) REAL ESTATE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15576
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

C. RESNICK, FLORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 MORTON STREET, #7
 City NEW YORK State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CORCORAN Occupation (for Individual) REAL ESTATE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 03 / 2017
Transaction ID : INCA15581
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 324
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SILVERMAN, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 MONTGOMERY STREET SUITE 2000
 City SAN FRANCISCO State CA Zip Code 94111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LATHAM & WATKINS Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 9705.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2017
Transaction ID : INCA15544
 Amount of Each Receipt this Period
 500.00
 Memo Item
 ERMK: SINEMA FOR ARIZONA

B. SILVERMAN, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 MONTGOMERY STREET SUITE 2000
 City SAN FRANCISCO State CA Zip Code 94111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LATHAM & WATKINS Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 9705.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2017
Transaction ID : INCA15542
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

C. SILVERMAN, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 MONTGOMERY STREET SUITE 2000
 City SAN FRANCISCO State CA Zip Code 94111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LATHAM & WATKINS Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 9705.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2017
Transaction ID : INCA15541
 Amount of Each Receipt this Period
 500.00
 Memo Item
 ERMK: ROSEN FOR NEVADA

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 36 OF 324
	(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)
WOMENCOUNT PAC

A. SILVERMAN, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 MONTGOMERY STREET SUITE 2000
 City SAN FRANCISCO State CA Zip Code 94111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LATHAM & WATKINS Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 9705.00

Date of Receipt **11 / 03 / 2017**
Transaction ID : INCA15543
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELIZABETH FOR MA

B. GOLDBERG, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4040 GRAND VIEW BLVD #30
 City LOS ANGELES State CA Zip Code 90066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt **11 / 04 / 2017**
Transaction ID : INCA15616
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. GOLDBERG, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4040 GRAND VIEW BLVD #30
 City LOS ANGELES State CA Zip Code 90066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt **11 / 04 / 2017**
Transaction ID : INCA15622
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KELLY FOWLER FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	1010.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. GOLDBERG, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4040 GRAND VIEW BLVD #30
 City LOS ANGELES State CA Zip Code 90066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 11 / 04 / 2017
Transaction ID : INCA15615
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. GOLDBERG, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4040 GRAND VIEW BLVD #30
 City LOS ANGELES State CA Zip Code 90066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 11 / 04 / 2017
Transaction ID : INCA15621
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ADAMS4DELEGATE

C. GOLDBERG, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4040 GRAND VIEW BLVD #30
 City LOS ANGELES State CA Zip Code 90066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 11 / 04 / 2017
Transaction ID : INCA15618
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 38 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. GOLDBERG, NANCY, , ,

Mailing Address 4040 GRAND VIEW BLVD #30

City LOS ANGELES	State CA	Zip Code 90066
---------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2017

Transaction ID : INCA15619

Amount of Each Receipt this Period
5.00

Memo Item
 ERMK: FRIENDS OF WENDY GOODITIS

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

Mailing Address 4040 GRAND VIEW BLVD #30

City LOS ANGELES	State CA	Zip Code 90066
---------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2017

Transaction ID : INCA15620

Amount of Each Receipt this Period
5.00

Memo Item
 ERMK: RODMAN FOR DELEGATE

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

Mailing Address 4040 GRAND VIEW BLVD #30

City LOS ANGELES	State CA	Zip Code 90066
---------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
45.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2017

Transaction ID : INCA15617

Amount of Each Receipt this Period
5.00

Memo Item
 ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 324
	(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)
WOMENCOUNT PAC

A. HUNT-SCOTT, SHANNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16348 AZTEC RIDGE DR
 City LOS GATOS State CA Zip Code 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE SCOTT FOUNDATION Occupation (for Individual) PRESIDENT AND CO-FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10479.80

Date of Receipt 11 / 04 / 2017
Transaction ID : INCA15607
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. HUNT-SCOTT, SHANNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16348 AZTEC RIDGE DR
 City LOS GATOS State CA Zip Code 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE SCOTT FOUNDATION Occupation (for Individual) PRESIDENT AND CO-FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10479.80

Date of Receipt 11 / 04 / 2017
Transaction ID : INCA15605
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

C. HUNT-SCOTT, SHANNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16348 AZTEC RIDGE DR
 City LOS GATOS State CA Zip Code 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE SCOTT FOUNDATION Occupation (for Individual) PRESIDENT AND CO-FOUNDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10479.80

Date of Receipt 11 / 04 / 2017
Transaction ID : INCA15606
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional).....	300.00
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 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HUNT-SCOTT, SHANNON, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2017
Mailing Address 16348 AZTEC RIDGE DR			Transaction ID : INCA15610
City LOS GATOS	State CA	Zip Code 95030	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item ERMK: KATHLEEN MURPHY FOR DELEGATE
Name of Employer (for Individual) THE SCOTT FOUNDATION	Occupation (for Individual) PRESIDENT AND CO-FOUNDER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10479.80		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HUNT-SCOTT, SHANNON, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2017
Mailing Address 16348 AZTEC RIDGE DR			Transaction ID : INCA15608
City LOS GATOS	State CA	Zip Code 95030	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item ERMK: JENNIFER CARROLL FOY FOR DELEGATE
Name of Employer (for Individual) THE SCOTT FOUNDATION	Occupation (for Individual) PRESIDENT AND CO-FOUNDER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10479.80		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HUNT-SCOTT, SHANNON, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2017
Mailing Address 16348 AZTEC RIDGE DR			Transaction ID : INCA15609
City LOS GATOS	State CA	Zip Code 95030	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item ERMK: KARRIE DELANEY FOR DELEGATE
Name of Employer (for Individual) THE SCOTT FOUNDATION	Occupation (for Individual) PRESIDENT AND CO-FOUNDER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 10479.80		

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HUNT-SCOTT, SHANNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16348 AZTEC RIDGE DR
 City LOS GATOS State CA Zip Code 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE SCOTT FOUNDATION Occupation (for Individual) PRESIDENT AND CO-FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10479.80

Date of Receipt 11 / 04 / 2017
Transaction ID : INCA15612
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

B. HUNT-SCOTT, SHANNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16348 AZTEC RIDGE DR
 City LOS GATOS State CA Zip Code 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE SCOTT FOUNDATION Occupation (for Individual) PRESIDENT AND CO-FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10479.80

Date of Receipt 11 / 04 / 2017
Transaction ID : INCA15613
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

C. HUNT-SCOTT, SHANNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16348 AZTEC RIDGE DR
 City LOS GATOS State CA Zip Code 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE SCOTT FOUNDATION Occupation (for Individual) PRESIDENT AND CO-FOUNDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10479.80

Date of Receipt 11 / 04 / 2017
Transaction ID : INCA15611
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 OF 324
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HUNT-SCOTT, SHANNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16348 AZTEC RIDGE DR
 City LOS GATOS State CA Zip Code 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE SCOTT FOUNDATION Occupation (for Individual) PRESIDENT AND CO-FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10479.80

Date of Receipt 11 / 04 / 2017
Transaction ID : INCA15614
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

B. LUCAS-CONWELL, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 706 E. CHARLESTON RD
 City PALO ALTO State CA Zip Code 94303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CSIRO Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 04 / 2017
Transaction ID : INCA15598
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. LUCAS-CONWELL, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 706 E. CHARLESTON RD
 City PALO ALTO State CA Zip Code 94303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CSIRO Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 04 / 2017
Transaction ID : INCA15624
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
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 43 OF 324
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. LUCAS-CONWELL, SUSAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 706 E. CHARLESTON RD

City PALO ALTO	State CA	Zip Code 94303
-------------------	-------------	-------------------

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

Name of Employer (for Individual) CSIRO	Occupation (for Individual) MANAGER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2017

Transaction ID : INCA15597

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

B. LUCAS-CONWELL, SUSAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 706 E. CHARLESTON RD

City PALO ALTO	State CA	Zip Code 94303
-------------------	-------------	-------------------

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

Name of Employer (for Individual) CSIRO	Occupation (for Individual) MANAGER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2017

Transaction ID : INCA15601

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

C. LUCAS-CONWELL, SUSAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 706 E. CHARLESTON RD

City PALO ALTO	State CA	Zip Code 94303
-------------------	-------------	-------------------

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

Name of Employer (for Individual) CSIRO	Occupation (for Individual) MANAGER
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2017

Transaction ID : INCA15602

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: CROWLEYFORVA98TH

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 44 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LUCAS-CONWELL, SUSAN, , ,

Mailing Address **706 E. CHARLESTON RD**

City PALO ALTO	State CA	Zip Code 94303
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) CSIRO	Occupation (for Individual) MANAGER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2017

Transaction ID : INCA15604

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: MICHELLE FOR DELEGATE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LUCAS-CONWELL, SUSAN, , ,

Mailing Address **706 E. CHARLESTON RD**

City PALO ALTO	State CA	Zip Code 94303
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) CSIRO	Occupation (for Individual) MANAGER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2017

Transaction ID : INCA15599

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LUCAS-CONWELL, SUSAN, , ,

Mailing Address **706 E. CHARLESTON RD**

City PALO ALTO	State CA	Zip Code 94303
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) CSIRO	Occupation (for Individual) MANAGER
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2017

Transaction ID : INCA15623

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 324
	(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"/> 15
<input type="checkbox"/> 12	<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)
WOMENCOUNT PAC

A. LUCAS-CONWELL, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 706 E. CHARLESTON RD
 City PALO ALTO State CA Zip Code 94303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CSIRO Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2017
Transaction ID : INCA15603
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

B. LUCAS-CONWELL, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 706 E. CHARLESTON RD
 City PALO ALTO State CA Zip Code 94303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CSIRO Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2017
Transaction ID : INCA15600
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. FLUHR, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 EAST 56 STREET, 11A
 City NEW YORK State NY Zip Code 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2017
Transaction ID : INCA15635
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 324
	(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"/> 15
	<input type="checkbox"/> 12	<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)
WOMENCOUNT PAC

A. FLUHR, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 EAST 56 STREET, 11A
 City NEW YORK State NY Zip Code 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15642
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

B. FLUHR, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 EAST 56 STREET, 11A
 City NEW YORK State NY Zip Code 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15636
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. FLUHR, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 EAST 56 STREET, 11A
 City NEW YORK State NY Zip Code 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15638
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 47 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FLUHR, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 EAST 56 STREET, 11A
 City NEW YORK State NY Zip Code 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15653
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. FLUHR, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 EAST 56 STREET, 11A
 City NEW YORK State NY Zip Code 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15639
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. FLUHR, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 EAST 56 STREET, 11A
 City NEW YORK State NY Zip Code 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15641
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 48 OF 324
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FLUHR, MARGARET, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 433 EAST 56 STREET, 11A

City NEW YORK	State NY	Zip Code 10022
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		05		2017

Transaction ID : INCA15640

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATHLEEN MURPHY FOR DELEGATE

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

Mailing Address 433 EAST 56 STREET, 11A

City NEW YORK	State NY	Zip Code 10022
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		05		2017

Transaction ID : INCA15637

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

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

Mailing Address 433 EAST 56 STREET, 11A

City NEW YORK	State NY	Zip Code 10022
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		05		2017

Transaction ID : INCA15643

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: MICHELLE FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 49 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. LOVELL, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 MARIPOSA ST
 City SAN FRANCISCO State CA Zip Code 94110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIMS Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15629
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. LOVELL, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 MARIPOSA ST
 City SAN FRANCISCO State CA Zip Code 94110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIMS Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15631
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. LOVELL, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 MARIPOSA ST
 City SAN FRANCISCO State CA Zip Code 94110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIMS Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15632
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

SUBTOTAL of Receipts This Page (optional)..... ▶ 15.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 OF 324
	(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"/> 15
	<input type="checkbox"/> 12	<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)
WOMENCOUNT PAC

A. LOVELL, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 MARIPOSA ST
 City SAN FRANCISCO State CA Zip Code 94110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIMS Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15630
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

B. LOVELL, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 MARIPOSA ST
 City SAN FRANCISCO State CA Zip Code 94110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIMS Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15627
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. LOVELL, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 MARIPOSA ST
 City SAN FRANCISCO State CA Zip Code 94110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIMS Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15628
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 51 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. LOVELL, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 MARIPOSA ST
 City SAN FRANCISCO State CA Zip Code 94110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIMS Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15625
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

B. LOVELL, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 MARIPOSA ST
 City SAN FRANCISCO State CA Zip Code 94110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIMS Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15633
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

C. LOVELL, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 MARIPOSA ST
 City SAN FRANCISCO State CA Zip Code 94110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIMS Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15626
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 324
	<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)
WOMENCOUNT PAC

A. LOVELL, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 MARIPOSA ST
 City SAN FRANCISCO State CA Zip Code 94110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIMS Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15651
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

B. QUINN, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 BEAR PAW
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15645
 Amount of Each Receipt this Period 30.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. QUINN, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 BEAR PAW
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15644
 Amount of Each Receipt this Period 30.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.00
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 53 OF 324
	(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"/> 15
	<input type="checkbox"/> 12	<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)
WOMENCOUNT PAC

A. QUINN, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 BEAR PAW
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 11 / 05 / 2017
Transaction ID : INCA15646
 Amount of Each Receipt this Period 30.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

B. QUINN, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 BEAR PAW
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 11 / 05 / 2017
Transaction ID : INCA15649
 Amount of Each Receipt this Period 30.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

C. QUINN, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 BEAR PAW
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 11 / 05 / 2017
Transaction ID : INCA15648
 Amount of Each Receipt this Period 30.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 OF 324
	(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"/> 15
	<input type="checkbox"/> 12	<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)
WOMENCOUNT PAC

A. QUINN, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 BEAR PAW
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2017
Transaction ID : INCA15650
 Amount of Each Receipt this Period 30.00
 Memo Item
 ERMK: LOCAL MAJORITY

B. QUINN, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 BEAR PAW
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2017
Transaction ID : INCA15647
 Amount of Each Receipt this Period 30.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. SCHIFFLER, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1106 2ND ST
 City ENCINITAS State CA Zip Code 92024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2017
Transaction ID : INCA15652
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	65.00
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 55 OF 324
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SCHIFFLER, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1106 2ND ST
 City ENCINITAS State CA Zip Code 92024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 05 / 2017
Transaction ID : INCA15634
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

B. CLAYTON, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 7497
 City MENLO PARK State CA Zip Code 94036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15737
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. CLAYTON, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 7497
 City MENLO PARK State CA Zip Code 94036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15736
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
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 56 OF 324
	<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)
WOMENCOUNT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CLAYTON, SHIRLEY, , ,

Mailing Address **PO BOX 7497**

City MENLO PARK	State CA	Zip Code 94036
---------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
175.00

Date of Receipt
11 / 06 / 2017

Transaction ID : INCA15738

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

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

Mailing Address **PO BOX 7497**

City MENLO PARK	State CA	Zip Code 94036
---------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
175.00

Date of Receipt
11 / 06 / 2017

Transaction ID : INCA15740

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: FRIENDS OF DANICA ROEM

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

Mailing Address **PO BOX 7497**

City MENLO PARK	State CA	Zip Code 94036
---------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
175.00

Date of Receipt
11 / 06 / 2017

Transaction ID : INCA15741

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: AYALA FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 57 OF 324
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. CLAYTON, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 7497
 City MENLO PARK State CA Zip Code 94036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15739
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. CLAYTON, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 7497
 City MENLO PARK State CA Zip Code 94036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15742
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: LOCAL MAJORITY

C. COHEN, TOD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 MELVILLE AVENUE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STUBHUB Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 8700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15658
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional).....	150.00
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 58 OF 324
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. COHEN, TOD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer (for Individual) STUBHUB	Occupation (for Individual) ATTORNEY
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8700.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2017

Transaction ID : INCA15655

Amount of Each Receipt this Period

100.00

Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

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

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer (for Individual) STUBHUB	Occupation (for Individual) ATTORNEY
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8700.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2017

Transaction ID : INCA15656

Amount of Each Receipt this Period

100.00

Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

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

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer (for Individual) STUBHUB	Occupation (for Individual) ATTORNEY
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
8700.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2017

Transaction ID : INCA15657

Amount of Each Receipt this Period

100.00

Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 59 OF 324
	(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)
WOMENCOUNT PAC

A. COHEN, TOD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 MELVILLE AVENUE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STUBHUB Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 8700.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15654
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. DEGELMAN, YVONNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 WYNDHAM DR.
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NS SERVICES LLC Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15699
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

C. DEGELMAN, YVONNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 WYNDHAM DR.
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NS SERVICES LLC Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15696
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 324
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. DEGGELMAN, YVONNE, , ,		Date of Receipt MM / DD / YYYY 11 / 06 / 2017
Mailing Address 100 WYNDHAM DR.		Transaction ID : INCA15700
City PORTOLA VALLEY	State CA	Zip Code 94028
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5.00	
Name of Employer (for Individual) NS SERVICES LLC	Occupation (for Individual) ACCOUNTANT	<input type="checkbox"/> Memo Item ERMK: LOCAL MAJORITY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DEGGELMAN, YVONNE, , ,		Date of Receipt MM / DD / YYYY 11 / 06 / 2017
Mailing Address 100 WYNDHAM DR.		Transaction ID : INCA15695
City PORTOLA VALLEY	State CA	Zip Code 94028
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5.00	
Name of Employer (for Individual) NS SERVICES LLC	Occupation (for Individual) ACCOUNTANT	<input type="checkbox"/> Memo Item ERMK: ELIZABETH GUZMAN FOR DELEGATE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DEGGELMAN, YVONNE, , ,		Date of Receipt MM / DD / YYYY 11 / 06 / 2017
Mailing Address 100 WYNDHAM DR.		Transaction ID : INCA15697
City PORTOLA VALLEY	State CA	Zip Code 94028
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5.00	
Name of Employer (for Individual) NS SERVICES LLC	Occupation (for Individual) ACCOUNTANT	<input type="checkbox"/> Memo Item ERMK: KARRIE DELANEY FOR DELEGATE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 35.00	

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 61 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. DEGGELMAN, YVONNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 WYNDHAM DR.
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NS SERVICES LLC Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15694
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. DEGGELMAN, YVONNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 WYNDHAM DR.
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NS SERVICES LLC Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15698
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. DUTTON, ELISABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 461 WASHINGTON AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHAC Occupation (for Individual) INTERN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15775
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional).....▶ 20.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 OF 324
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. DUTTON, ELISABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 461 WASHINGTON AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHAC Occupation (for Individual) INTERN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15781
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

B. DUTTON, ELISABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 461 WASHINGTON AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHAC Occupation (for Individual) INTERN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15782
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

C. DUTTON, ELISABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 461 WASHINGTON AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHAC Occupation (for Individual) INTERN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15783
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. DUTTON, ELISABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 461 WASHINGTON AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHAC Occupation (for Individual) INTERN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 11 / 06 / 2017
Transaction ID : INCA15780
 Amount of Each Receipt this Period: 10.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

B. DUTTON, ELISABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 461 WASHINGTON AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHAC Occupation (for Individual) INTERN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 11 / 06 / 2017
Transaction ID : INCA15776
 Amount of Each Receipt this Period: 10.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. DUTTON, ELISABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 461 WASHINGTON AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHAC Occupation (for Individual) INTERN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 11 / 06 / 2017
Transaction ID : INCA15779
 Amount of Each Receipt this Period: 10.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 324
<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)
WOMENCOUNT PAC

A. DUTTON, ELISABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 461 WASHINGTON AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHAC Occupation (for Individual) INTERN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15778
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. DUTTON, ELISABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 461 WASHINGTON AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHAC Occupation (for Individual) INTERN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15777
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. DUTTON, ELISABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 461 WASHINGTON AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHAC Occupation (for Individual) INTERN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15774
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 65 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FLYNN, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 CHEYENNE PT
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) VOLUNTEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 90.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15757
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. FLYNN, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 CHEYENNE PT
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) VOLUNTEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 90.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15758
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. FLYNN, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 CHEYENNE PT
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) VOLUNTEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 90.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15762
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 66 OF 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FLYNN, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 CHEYENNE PT
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) VOLUNTEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 90.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15759
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

B. FLYNN, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 CHEYENNE PT
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) VOLUNTEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 90.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15760
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. FLYNN, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 CHEYENNE PT
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) VOLUNTEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 90.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15761
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional).....	45.00
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 67 OF 324 (check only one)
<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"/>	<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)
WOMENCOUNT PAC

A. HAFKENSCHIEL, WENDY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 WESTRIDGE DRIVE

City PORTOLS VALLEY	State CA	Zip Code 94028
------------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
70.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2017

Transaction ID : INCA15731

Amount of Each Receipt this Period

10.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

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

Mailing Address 1100 WESTRIDGE DRIVE

City PORTOLS VALLEY	State CA	Zip Code 94028
------------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
70.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2017

Transaction ID : INCA15732

Amount of Each Receipt this Period

10.00

Memo Item
ERMK: KARRIE DELANEY FOR DELEGATE

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

Mailing Address 1100 WESTRIDGE DRIVE

City PORTOLS VALLEY	State CA	Zip Code 94028
------------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
70.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2017

Transaction ID : INCA15734

Amount of Each Receipt this Period

10.00

Memo Item
ERMK: AYALA FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 324
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HAFKENSCHIEL, WENDY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 WESTRIDGE DRIVE

City PORTOLS VALLEY	State CA	Zip Code 94028
------------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
70.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2017

Transaction ID : INCA15733

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: FRIENDS OF DANICA ROEM

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

Mailing Address 1100 WESTRIDGE DRIVE

City PORTOLS VALLEY	State CA	Zip Code 94028
------------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
70.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2017

Transaction ID : INCA15729

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: JENNIFER CARROLL FOY FOR DELEGATE

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

Mailing Address 1100 WESTRIDGE DRIVE

City PORTOLS VALLEY	State CA	Zip Code 94028
------------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
70.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2017

Transaction ID : INCA15730

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 324
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HAFKENSCHIEL, WENDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 WESTRIDGE DRIVE
 City PORTOLS VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 70.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15735
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: LOCAL MAJORITY

B. JOHNSON, VANESSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3372 WOODSIDE RD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) HEALTHCARE SPECIALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15661
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. JOHNSON, VANESSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3372 WOODSIDE RD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) HEALTHCARE SPECIALIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15665
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: LOCAL MAJORITY

SUBTOTAL of Receipts This Page (optional).....	20.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 324
	<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)
WOMENCOUNT PAC

A. JOHNSON, VANESSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3372 WOODSIDE RD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) HEALTHCARE SPECIALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15660
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. JOHNSON, VANESSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3372 WOODSIDE RD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) HEALTHCARE SPECIALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15662
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. JOHNSON, VANESSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3372 WOODSIDE RD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) HEALTHCARE SPECIALIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15664
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 324
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. JOHNSON, VANESSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3372 WOODSIDE RD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) HEALTHCARE SPECIALIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15663
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. JOHNSON, VANESSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3372 WOODSIDE RD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) HEALTHCARE SPECIALIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15659
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. KAUFMAN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 CERVANTES RD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTER FOR COMPLEX DISEASES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 175.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15788
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional).....	35.00
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 72 OF 324
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KAUFMAN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 CERVANTES RD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTER FOR COMPLEX DISEASES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15789
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

B. KAUFMAN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 CERVANTES RD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTER FOR COMPLEX DISEASES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15785
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. KAUFMAN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 CERVANTES RD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTER FOR COMPLEX DISEASES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15786
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	75.00
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 73 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KAUFMAN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 CERVANTES RD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTER FOR COMPLEX DISEASES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15784
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. KAUFMAN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 CERVANTES RD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTER FOR COMPLEX DISEASES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15728
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: LOCAL MAJORITY

C. KAUFMAN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 CERVANTES RD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTER FOR COMPLEX DISEASES Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15787
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 74 OF 324
	(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"/> 15
	<input type="checkbox"/> 12	<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)
WOMENCOUNT PAC

A. KAVANAUGH, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 TAN OAK DR.
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TUSCAN TRAVEL GROUP Occupation (for Individual) TRAVEL CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5105.00

Date of Receipt **11 / 06 / 2017**
Transaction ID : INCA15763
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

B. KAVANAUGH, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 TAN OAK DR.
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TUSCAN TRAVEL GROUP Occupation (for Individual) TRAVEL CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5105.00

Date of Receipt **11 / 06 / 2017**
Transaction ID : INCA15685
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. KAVANAUGH, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 TAN OAK DR.
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TUSCAN TRAVEL GROUP Occupation (for Individual) TRAVEL CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5105.00

Date of Receipt **11 / 06 / 2017**
Transaction ID : INCA15684
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	45.00
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 75 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KAVANAUGH, LAURA, , ,

Mailing Address 119 TAN OAK DR.

City PORTOLA VALLEY	State CA	Zip Code 94028
------------------------	-------------	-------------------

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

Name of Employer (for Individual) TUSCAN TRAVEL GROUP	Occupation (for Individual) TRAVEL CONSULTANT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5105.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2017

Transaction ID : INCA15682

Amount of Each Receipt this Period
15.00

Memo Item
ERMK: JENNIFER CARROLL FOY FOR DELEGATE

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

Mailing Address 119 TAN OAK DR.

City PORTOLA VALLEY	State CA	Zip Code 94028
------------------------	-------------	-------------------

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

Name of Employer (for Individual) TUSCAN TRAVEL GROUP	Occupation (for Individual) TRAVEL CONSULTANT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5105.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2017

Transaction ID : INCA15683

Amount of Each Receipt this Period
15.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

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

Mailing Address 119 TAN OAK DR.

City PORTOLA VALLEY	State CA	Zip Code 94028
------------------------	-------------	-------------------

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

Name of Employer (for Individual) TUSCAN TRAVEL GROUP	Occupation (for Individual) TRAVEL CONSULTANT
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5105.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2017

Transaction ID : INCA15686

Amount of Each Receipt this Period
15.00

Memo Item
ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional).....	45.00
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 76 OF 324
	(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"/> 15
	<input type="checkbox"/> 12	<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)
WOMENCOUNT PAC

A. KAVANAUGH, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 TAN OAK DR.
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TUSCAN TRAVEL GROUP Occupation (for Individual) TRAVEL CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5105.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15764
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: LOCAL MAJORITY

B. LEHMANN, LEONARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 850 LOS TRANCOS RD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15681
 Amount of Each Receipt this Period 200.00
 Memo Item
 ERMK: LOCAL MAJORITY

C. NESTER, MONICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 147 LAKE ROAD
 City PORTOLA VALLEY State CA Zip Code 94028-8116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MARISAN GROUP Occupation (for Individual) MANAGEMENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15713
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	225.00
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 77 OF 324
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. NESTER, MONICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 147 LAKE ROAD
 City PORTOLA VALLEY State CA Zip Code 94028-8116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MARISAN GROUP Occupation (for Individual) MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt **11 / 06 / 2017**
Transaction ID : INCA15708
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. NESTER, MONICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 147 LAKE ROAD
 City PORTOLA VALLEY State CA Zip Code 94028-8116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MARISAN GROUP Occupation (for Individual) MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt **11 / 06 / 2017**
Transaction ID : INCA15711
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. NESTER, MONICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 147 LAKE ROAD
 City PORTOLA VALLEY State CA Zip Code 94028-8116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MARISAN GROUP Occupation (for Individual) MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt **11 / 06 / 2017**
Transaction ID : INCA15709
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 324
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. NESTER, MONICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 147 LAKE ROAD
 City PORTOLA VALLEY State CA Zip Code 94028-8116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MARISAN GROUP Occupation (for Individual) MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15712
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. NESTER, MONICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 147 LAKE ROAD
 City PORTOLA VALLEY State CA Zip Code 94028-8116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MARISAN GROUP Occupation (for Individual) MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15710
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. OSTAPIK, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 MANOR
 City SAN FRANCISCO State CA Zip Code 94127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15721
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	25.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 79 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. OSTAPIK, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 MANOR
 City SAN FRANCISCO State CA Zip Code 94127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15725
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. OSTAPIK, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 MANOR
 City SAN FRANCISCO State CA Zip Code 94127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15726
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

C. OSTAPIK, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 MANOR
 City SAN FRANCISCO State CA Zip Code 94127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15724
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 80 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. OSTAPIK, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 MANOR
 City SAN FRANCISCO State CA Zip Code 94127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15723
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

B. OSTAPIK, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 MANOR
 City SAN FRANCISCO State CA Zip Code 94127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15722
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. OSTAPIK, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 MANOR
 City SAN FRANCISCO State CA Zip Code 94127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15727
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: LOCAL MAJORITY

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 81 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SAUNDERS, MARYANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 BELLAIR WAY
 City MENLO PARK State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15748
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

B. SAUNDERS, MARYANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 BELLAIR WAY
 City MENLO PARK State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15745
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. SAUNDERS, MARYANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 BELLAIR WAY
 City MENLO PARK State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15749
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: LOCAL MAJORITY

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 82 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SAUNDERS, MARYANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 BELLAIR WAY
 City MENLO PARK State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15746
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. SAUNDERS, MARYANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 BELLAIR WAY
 City MENLO PARK State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15747
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. SAUNDERS, MARYANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 BELLAIR WAY
 City MENLO PARK State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15744
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 83 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SAUNDERS, MARYANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 BELLAIR WAY
 City MENLO PARK State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15743
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. SCHUCK, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 N CASTANYA
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15677
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. SCHUCK, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 N CASTANYA
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15676
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 324
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SCHUCK, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 N CASTANYA
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15678
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

B. SCHUCK, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 N CASTANYA
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15675
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. SCHUCK, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 N CASTANYA
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15673
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 85 OF 324
<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)
WOMENCOUNT PAC

A. SCHUCK, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 N CASTANYA
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15674
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. SCHUCK, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 N CASTANYA
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15679
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: LOCAL MAJORITY

C. SEARS, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 CHEYENNE POINT
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ARTS ACTIVIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15714
 Amount of Each Receipt this Period 51.43
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶	61.43
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 86 OF 324
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SEARS, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 CHEYENNE POINT
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ARTS ACTIVIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 11 / 06 / 2017
Transaction ID : INCA15718
 Amount of Each Receipt this Period 51.43
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. SEARS, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 CHEYENNE POINT
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ARTS ACTIVIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 11 / 06 / 2017
Transaction ID : INCA15717
 Amount of Each Receipt this Period 51.43
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. SEARS, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 CHEYENNE POINT
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ARTS ACTIVIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 11 / 06 / 2017
Transaction ID : INCA15719
 Amount of Each Receipt this Period 51.43
 Memo Item
 ERMK: AYALA FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 154.29
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 87 OF 324
	<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)
WOMENCOUNT PAC

A. SEARS, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 CHEYENNE POINT
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ARTS ACTIVIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15716
 Amount of Each Receipt this Period
 51.43
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

B. SEARS, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 CHEYENNE POINT
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ARTS ACTIVIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15715
 Amount of Each Receipt this Period
 51.43
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. SEARS, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 CHEYENNE POINT
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ARTS ACTIVIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15720
 Amount of Each Receipt this Period
 51.42
 Memo Item
 ERMK: LOCAL MAJORITY

SUBTOTAL of Receipts This Page (optional).....	154.28
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 88 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SHERMAN, TRACY, , ,

Mailing Address 144 CARMEL WAY

City PORTOLA VALLEY State CA Zip Code 94028

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

Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3280.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 06 / 2017

Transaction ID : INCA15765

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: JENNIFER CARROLL FOY FOR DELEGATE

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

Mailing Address 144 CARMEL WAY

City PORTOLA VALLEY State CA Zip Code 94028

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

Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3280.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 06 / 2017

Transaction ID : INCA15689

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: KARRIE DELANEY FOR DELEGATE

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

Mailing Address 144 CARMEL WAY

City PORTOLA VALLEY State CA Zip Code 94028

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

Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3280.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 06 / 2017

Transaction ID : INCA15692

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: LOCAL MAJORITY

SUBTOTAL of Receipts This Page (optional).....▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SHERMAN, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 CARMEL WAY
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3280.00

Date of Receipt
 11 / 06 / 2017
Transaction ID : INCA15687
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. SHERMAN, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 CARMEL WAY
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3280.00

Date of Receipt
 11 / 06 / 2017
Transaction ID : INCA15691
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

C. SHERMAN, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 CARMEL WAY
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3280.00

Date of Receipt
 11 / 06 / 2017
Transaction ID : INCA15690
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SHERMAN, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 CARMEL WAY
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3280.00

Date of Receipt **11 / 06 / 2017**
Transaction ID : INCA15693
 Amount of Each Receipt this Period 5.00
 Memo Item

B. SHERMAN, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 CARMEL WAY
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3280.00

Date of Receipt **11 / 06 / 2017**
Transaction ID : INCA15688
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. SONTAG, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 280 GOLDEN OAK DR
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PALO ALTO UNIFIED SCHOOL DISTRICT Occupation (for Individual) DISTRICT NURSE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt **11 / 06 / 2017**
Transaction ID : INCA15756
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: LOCAL MAJORITY

SUBTOTAL of Receipts This Page (optional).....	25.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 91 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address 280 GOLDEN OAK DR

City PORTOLA VALLEY State CA Zip Code 94028

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

Name of Employer (for Individual) PALO ALTO UNIFIED SCHOOL DISTRICT Occupation (for Individual) DISTRICT NURSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017

Transaction ID : INCA15755

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: AYALA FOR DELEGATE

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

Mailing Address 280 GOLDEN OAK DR

City PORTOLA VALLEY State CA Zip Code 94028

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

Name of Employer (for Individual) PALO ALTO UNIFIED SCHOOL DISTRICT Occupation (for Individual) DISTRICT NURSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017

Transaction ID : INCA15754

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: FRIENDS OF DANICA ROEM

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

Mailing Address 280 GOLDEN OAK DR

City PORTOLA VALLEY State CA Zip Code 94028

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

Name of Employer (for Individual) PALO ALTO UNIFIED SCHOOL DISTRICT Occupation (for Individual) DISTRICT NURSE

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017

Transaction ID : INCA15751

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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

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

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

FOR LINE NUMBER: PAGE 92 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address 280 GOLDEN OAK DR

City PORTOLA VALLEY State CA Zip Code 94028

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

Name of Employer (for Individual) PALO ALTO UNIFIED SCHOOL DISTRICT Occupation (for Individual) DISTRICT NURSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017

Transaction ID : INCA15753

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: KARRIE DELANEY FOR DELEGATE

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

Mailing Address 280 GOLDEN OAK DR

City PORTOLA VALLEY State CA Zip Code 94028

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

Name of Employer (for Individual) PALO ALTO UNIFIED SCHOOL DISTRICT Occupation (for Individual) DISTRICT NURSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017

Transaction ID : INCA15750

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: JENNIFER CARROLL FOY FOR DELEGATE

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

Mailing Address 280 GOLDEN OAK DR

City PORTOLA VALLEY State CA Zip Code 94028

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

Name of Employer (for Individual) PALO ALTO UNIFIED SCHOOL DISTRICT Occupation (for Individual) DISTRICT NURSE

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017

Transaction ID : INCA15752

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 324
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STENGER, JO-ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421 VINE ST
 City MENLO PARK State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15667
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. STENGER, JO-ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421 VINE ST
 City MENLO PARK State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15666
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. STENGER, JO-ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421 VINE ST
 City MENLO PARK State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15672
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: LOCAL MAJORITY

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STENGER, JO-ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421 VINE ST
 City MENLO PARK State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15670
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. STENGER, JO-ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421 VINE ST
 City MENLO PARK State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15671
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

C. STENGER, JO-ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421 VINE ST
 City MENLO PARK State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15669
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 324
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. STENGER, JO-ANNE, , ,

Mailing Address 421 VINE ST

City MENLO PARK	State CA	Zip Code 94025
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2017

Transaction ID : INCA15668

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

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

Mailing Address 27 HILLBROOK DRIVE

City PORTOLA VALLEY	State CA	Zip Code 94028
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
105.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2017

Transaction ID : INCA15703

Amount of Each Receipt this Period
15.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

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

Mailing Address 27 HILLBROOK DRIVE

City PORTOLA VALLEY	State CA	Zip Code 94028
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
105.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2017

Transaction ID : INCA15704

Amount of Each Receipt this Period
15.00

Memo Item
ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶	35.00
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 96 OF 324
	(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)
WOMENCOUNT PAC

A. TAUBMAN, FELICITY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 HILLBROOK DRIVE
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15705
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. TAUBMAN, FELICITY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 HILLBROOK DRIVE
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15706
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

C. TAUBMAN, FELICITY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 HILLBROOK DRIVE
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15707
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: LOCAL MAJORITY

SUBTOTAL of Receipts This Page (optional).....▶ 45.00
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 97 OF 324
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. TAUBMAN, FELICITY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 HILLBROOK DRIVE
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15773
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. TAUBMAN, FELICITY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 HILLBROOK DRIVE
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15772
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. WILLETT, BRENDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 PINE
 City NACOGDOCHES State TX Zip Code 75965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LONE STAR LEGAL AID Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 140.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15701
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	35.00
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 98 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. WILLETT, BRENDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 PINE
 City NACOGDOCHES State TX Zip Code 75965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LONE STAR LEGAL AID Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 140.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15766
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. WILLETT, BRENDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 PINE
 City NACOGDOCHES State TX Zip Code 75965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LONE STAR LEGAL AID Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 140.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15769
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: RODMAN FOR DELEGATE

C. WILLETT, BRENDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 PINE
 City NACOGDOCHES State TX Zip Code 75965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LONE STAR LEGAL AID Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 140.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15770
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ADAMS4DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 OF 324
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. WILLETT, BRENDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 PINE
 City NACOGDOCHES State TX Zip Code 75965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LONE STAR LEGAL AID Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 140.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15771
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KELLY FOWLER FOR DELEGATE

B. WILLETT, BRENDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 PINE
 City NACOGDOCHES State TX Zip Code 75965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LONE STAR LEGAL AID Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 140.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15702
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. WILLETT, BRENDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 PINE
 City NACOGDOCHES State TX Zip Code 75965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LONE STAR LEGAL AID Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 140.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : INCA15767
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 324
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. WILLETT, BRENDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 PINE
 City NACOGDOCHES State TX Zip Code 75965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LONE STAR LEGAL AID Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 140.00

Date of Receipt 11 / 06 / 2017
Transaction ID : INCA15768
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF WENDY GOODITIS

B. FIELD, LESLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 WAYSIDE ROAD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEMS INSIGHT Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 11 / 07 / 2017
Transaction ID : INCA15816
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: LOCAL MAJORITY

C. FIELD, LESLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 WAYSIDE ROAD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEMS INSIGHT Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 11 / 07 / 2017
Transaction ID : INCA15815
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 324
	<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)
WOMENCOUNT PAC

A. FIELD, LESLIE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 WAYSIDE ROAD

City PORTOLA VALLEY	State CA	Zip Code 94028
------------------------	-------------	-------------------

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

Name of Employer (for Individual) MEMS INSIGHT	Occupation (for Individual) ENGINEER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2017

Transaction ID : INCA15814

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF DANICA ROEM

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

Mailing Address 811 WAYSIDE ROAD

City PORTOLA VALLEY	State CA	Zip Code 94028
------------------------	-------------	-------------------

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

Name of Employer (for Individual) MEMS INSIGHT	Occupation (for Individual) ENGINEER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2017

Transaction ID : INCA15812

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

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

Mailing Address 811 WAYSIDE ROAD

City PORTOLA VALLEY	State CA	Zip Code 94028
------------------------	-------------	-------------------

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

Name of Employer (for Individual) MEMS INSIGHT	Occupation (for Individual) ENGINEER
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2017

Transaction ID : INCA15810

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FIELD, LESLIE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 WAYSIDE ROAD

City PORTOLA VALLEY	State CA	Zip Code 94028
------------------------	-------------	-------------------

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

Name of Employer (for Individual) MEMS INSIGHT	Occupation (for Individual) ENGINEER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2017

Transaction ID : INCA15813

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KARRIE DELANEY FOR DELEGATE

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

Mailing Address 811 WAYSIDE ROAD

City PORTOLA VALLEY	State CA	Zip Code 94028
------------------------	-------------	-------------------

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

Name of Employer (for Individual) MEMS INSIGHT	Occupation (for Individual) ENGINEER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2017

Transaction ID : INCA15811

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

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

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer (for Individual) WOMENCOUNT	Occupation (for Individual) EXECUTIVE DIRECTOR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
6215.18

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2017

Transaction ID : INCA15803

Amount of Each Receipt this Period
71.43

Memo Item
ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	81.43
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 103 OF 324
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MASON, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 MELVILLE AVENUE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WOMENCOUNT Occupation (for Individual) EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6215.18

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2017
Transaction ID : INCA15799
 Amount of Each Receipt this Period
 100.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. MASON, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 MELVILLE AVENUE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WOMENCOUNT Occupation (for Individual) EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6215.18

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2017
Transaction ID : INCA15800
 Amount of Each Receipt this Period
 100.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

C. MASON, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 MELVILLE AVENUE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WOMENCOUNT Occupation (for Individual) EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6215.18

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2017
Transaction ID : INCA15798
 Amount of Each Receipt this Period
 100.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	300.00
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 104 OF 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MASON, STACY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO	State CA	Zip Code 94301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WOMENCOUNT	Occupation (for Individual) EXECUTIVE DIRECTOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6215.18

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2017

Transaction ID : INCA15801

Amount of Each Receipt this Period
100.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

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

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer (for Individual) WOMENCOUNT	Occupation (for Individual) EXECUTIVE DIRECTOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6215.18

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2017

Transaction ID : INCA15802

Amount of Each Receipt this Period
100.00

Memo Item
ERMK: KARRIE DELANEY FOR DELEGATE

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

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer (for Individual) WOMENCOUNT	Occupation (for Individual) EXECUTIVE DIRECTOR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
6215.18

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2017

Transaction ID : INCA15805

Amount of Each Receipt this Period
71.43

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶	271.43
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 105 OF 324
	<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)
WOMENCOUNT PAC

A. MASON, STACY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer (for Individual) WOMENCOUNT	Occupation (for Individual) EXECUTIVE DIRECTOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6215.18

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2017

Transaction ID : INCA15804

Amount of Each Receipt this Period
71.43

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

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

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer (for Individual) WOMENCOUNT	Occupation (for Individual) EXECUTIVE DIRECTOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6215.18

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2017

Transaction ID : INCA15807

Amount of Each Receipt this Period
71.43

Memo Item
ERMK: FRIENDS OF DANICA ROEM

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

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO	State CA	Zip Code 94301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WOMENCOUNT	Occupation (for Individual) EXECUTIVE DIRECTOR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
6215.18

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2017

Transaction ID : INCA15808

Amount of Each Receipt this Period
71.43

Memo Item
ERMK: AYALA FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶	214.29
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 106 OF 324
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MASON, STACY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer (for Individual) WOMENCOUNT	Occupation (for Individual) EXECUTIVE DIRECTOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6215.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2017

Transaction ID : INCA15809

Amount of Each Receipt this Period
71.42

Memo Item
ERMK: LOCAL MAJORITY

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

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer (for Individual) WOMENCOUNT	Occupation (for Individual) EXECUTIVE DIRECTOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6215.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2017

Transaction ID : INCA15806

Amount of Each Receipt this Period
71.43

Memo Item
ERMK: KARRIE DELANEY FOR DELEGATE

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

Mailing Address 150 HARDWICK ROAD

City WOODSIDE	State CA	Zip Code 94062
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2017

Transaction ID : INCA15796

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: LOCAL MAJORITY

SUBTOTAL of Receipts This Page (optional).....	147.85
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 107 OF 324
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. WAN, WINNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 HARDWICK ROAD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2017
Transaction ID : INCA15793
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. WAN, WINNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 HARDWICK ROAD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2017
Transaction ID : INCA15792
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. WAN, WINNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 HARDWICK ROAD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2017
Transaction ID : INCA15791
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 108 OF 324
<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)
WOMENCOUNT PAC

A. WAN, WINNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 HARDWICK ROAD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 11 / 07 / 2017
Transaction ID : INCA15790
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. WAN, WINNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 HARDWICK ROAD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 11 / 07 / 2017
Transaction ID : INCA15795
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

C. WAN, WINNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 HARDWICK ROAD
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 11 / 07 / 2017
Transaction ID : INCA15794
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BARNES, TIFFANY, , ,

Mailing Address 206 BARBERRY LANE

City LEXINGTON	State KY	Zip Code 40503
-------------------	-------------	-------------------

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

Name of Employer (for Individual) UNIVERSITY OF KENTUCKY	Occupation (for Individual) PROFESSOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 11 / 11 / 2017
Transaction ID : INCA15824

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: DEBBIE DINGELL FOR CONGRESS

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

Mailing Address 206 BARBERRY LANE

City LEXINGTON	State KY	Zip Code 40503
-------------------	-------------	-------------------

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

Name of Employer (for Individual) UNIVERSITY OF KENTUCKY	Occupation (for Individual) PROFESSOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 11 / 11 / 2017
Transaction ID : INCA15823

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: FREDERICA S. WILSON FOR CONGRESS

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

Mailing Address 206 BARBERRY LANE

City LEXINGTON	State KY	Zip Code 40503
-------------------	-------------	-------------------

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

Name of Employer (for Individual) UNIVERSITY OF KENTUCKY	Occupation (for Individual) PROFESSOR
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 11 / 11 / 2017
Transaction ID : INCA15825

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: CLARKE FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	75.00
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 110 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. BARNES, TIFFANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 206 BARBERRY LANE
 City LEXINGTON State KY Zip Code 40503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF KENTUCKY Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 11 / 11 / 2017
Transaction ID : INCA15822
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: FRIENDS OF MAZIE HIRONO

B. HWANG, SUSIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 159 MELVILLE AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt 11 / 15 / 2017
Transaction ID : INCA15830
 Amount of Each Receipt this Period 250.00
 Memo Item
 ERMK: HEIDI FOR SENATE

C. PLUMER, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 177 YERBA BUENA AVE
 City LOS ALTOS State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GUNN HIGH SCHOOL Occupation (for Individual) COACH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 11 / 15 / 2017
Transaction ID : INCA15828
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 111 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. NELSON, IAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 CORNELL STREET
 City WEST ORANGE State NJ Zip Code 7052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt 11 / 16 / 2017
Transaction ID : INCA15833
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: ROSEN FOR NEVADA

B. NELSON, IAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 CORNELL STREET
 City WEST ORANGE State NJ Zip Code 7052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt 11 / 16 / 2017
Transaction ID : INCA15840
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: SINEMA FOR ARIZONA

C. NELSON, IAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 CORNELL STREET
 City WEST ORANGE State NJ Zip Code 7052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt 11 / 16 / 2017
Transaction ID : INCA15839
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: TAMMY FOR ILLINOIS

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 112 OF 324
(check only one)

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

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. NELSON, IAN, , ,

Mailing Address **3 CORNELL STREET**

City WEST ORANGE	State NJ	Zip Code 7052
----------------------------	--------------------	-------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
110.00

Date of Receipt
11 / 16 / 2017

Transaction ID : INCA15841

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: TAMMY BALDWIN FOR SENATE

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

Mailing Address **3 CORNELL STREET**

City WEST ORANGE	State NJ	Zip Code 7052
----------------------------	--------------------	-------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
110.00

Date of Receipt
11 / 16 / 2017

Transaction ID : INCA15838

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: TULSI FOR HAWAII

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

Mailing Address **3 CORNELL STREET**

City WEST ORANGE	State NJ	Zip Code 7052
----------------------------	--------------------	-------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
110.00

Date of Receipt
11 / 16 / 2017

Transaction ID : INCA15836

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: CATHERINE CORTEZ MASTO FOR SENATE

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 324
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. NELSON, IAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 CORNELL STREET
 City WEST ORANGE State NJ Zip Code 7052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt
 11 / 16 / 2017
Transaction ID : INCA15831
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: LOUISE SLAUGHTER RE-ELECTION COMMITTEE

B. NELSON, IAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 CORNELL STREET
 City WEST ORANGE State NJ Zip Code 7052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt
 11 / 16 / 2017
Transaction ID : INCA15832
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CHRISSY HOULAHAN FOR CONGRESS

C. NELSON, IAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 CORNELL STREET
 City WEST ORANGE State NJ Zip Code 7052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt
 11 / 16 / 2017
Transaction ID : INCA15837
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: BONAMICI FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 324
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. NELSON, IAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 CORNELL STREET
 City WEST ORANGE State NJ Zip Code 7052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt 11 / 16 / 2017
Transaction ID : INCA15835
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: THE NIKI TSONGAS COMMITTEE

B. NELSON, IAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 CORNELL STREET
 City WEST ORANGE State NJ Zip Code 7052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt 11 / 16 / 2017
Transaction ID : INCA15834
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: BRIANNA WU FOR CONGRESS

C. GARLINGHOUSE, KRISTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 LABURNUM ROAD
 City ATHERTON State CA Zip Code 94027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 17 / 2017
Transaction ID : INCA15842
 Amount of Each Receipt this Period 5000.00
 Memo Item
 ERMK: ELECTING WOMEN BAY AREA

SUBTOTAL of Receipts This Page (optional).....	5020.00
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 115 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MOORE, COURTNEY, , ,

Mailing Address 1444 VALLEJO STREET APT. 2

City SAN FRANCISCO	State CA	Zip Code 94109
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) RODAN + FIELDS	Occupation (for Individual) VICE PRESIDENT, STRATEGY & INSI
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2017

Transaction ID : INCA15843

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 450 WALSH ROAD

City ATHERTON	State CA	Zip Code 94027
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

Transaction ID : INCA15844

Amount of Each Receipt this Period
5000.00

Memo Item
ERMK: ELECTING WOMEN BAY AREA

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

Mailing Address 88 MERCEDES LN

City ATHERTON	State CA	Zip Code 94027
------------------	-------------	-------------------

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

Name of Employer (for Individual) LAUDER PARTNERS, LLC	Occupation (for Individual) VENTURE CAPITALIST
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2017

Transaction ID : INCA15845

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	7600.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA15845

CONTRIBUTION REFUNDED 12/12/17

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 117 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 22 / 2017
Transaction ID : INCA15855
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

B. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 22 / 2017
Transaction ID : INCA15854
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

C. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 22 / 2017
Transaction ID : INCA15853
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 118 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 22 / 2017
Transaction ID : INCA15852
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

B. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 22 / 2017
Transaction ID : INCA15851
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

C. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 22 / 2017
Transaction ID : INCA15850
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 119 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. STANLEY, SUKIE, , ,

Mailing Address **253 OXFORD AVE**

City **PALO ALTO** State **CA** Zip Code **94306-1133**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
11 / 22 / 2017

Transaction ID : INCA15847

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF DANICA ROEM

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

Mailing Address **253 OXFORD AVE**

City **PALO ALTO** State **CA** Zip Code **94306-1133**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
11 / 22 / 2017

Transaction ID : INCA15848

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

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

Mailing Address **253 OXFORD AVE**

City **PALO ALTO** State **CA** Zip Code **94306-1133**

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
11 / 22 / 2017

Transaction ID : INCA15846

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

SUBTOTAL of Receipts This Page (optional)..... ▶ **15.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 120 OF 324
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
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	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2017
Transaction ID : INCA15849
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. DEHOVITZ, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 853 SHARON COURT
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIDEON HAUSNER JEWISH DAY SCHOOL Occupation (for Individual) TEACHER
 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 / 25 / 2017
Transaction ID : INCA15856
 Amount of Each Receipt this Period 25.00
 Memo Item

C. STEWART, SUSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421, POPPY PLACE
 City MTN. VIEW State CA Zip Code 94043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2017
Transaction ID : INCA15859
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KAMALA HARRIS FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	35.00
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 121 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STEWART, SUSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421, POPPY PLACE
 City MTN. VIEW State CA Zip Code 94043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 27 / 2017
Transaction ID : INCA15860
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH FOR MA

B. STEWART, SUSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421, POPPY PLACE
 City MTN. VIEW State CA Zip Code 94043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 27 / 2017
Transaction ID : INCA15858
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KLOBUCHAR FOR MINNESOTA

C. STEWART, SUSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421, POPPY PLACE
 City MTN. VIEW State CA Zip Code 94043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 27 / 2017
Transaction ID : INCA15862
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: GILLIBRAND FOR SENATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 324
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STEWART, SUSANNE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 421, POPPY PLACE

City MTN. VIEW	State CA	Zip Code 94043
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : INCA15863

Amount of Each Receipt this Period
5.00

Memo Item

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

Mailing Address 421, POPPY PLACE

City MTN. VIEW	State CA	Zip Code 94043
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : INCA15861

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: TAMMY BALDWIN FOR SENATE

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

Mailing Address 9 JADE PLACE

City SAN FRANCISCO	State CA	Zip Code 94131
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2017

Transaction ID : INCA15869

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.00
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 123 OF 324
	<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)
WOMENCOUNT PAC

A. CONN, EMILY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 WALSH ROAD
 City ATHERTON State CA Zip Code 94027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5100.00**

Date of Receipt **11 / 28 / 2017**
Transaction ID : INCA15867
 Amount of Each Receipt this Period **100.00**
 Memo Item

B. FULLERTON STONE, HONOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 SANTA RITA
 City MENLO PARK State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3045.00**

Date of Receipt **11 / 28 / 2017**
Transaction ID : INCA15868
 Amount of Each Receipt this Period **25.00**
 Memo Item

C. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **11 / 28 / 2017**
Transaction ID : INCA15877
 Amount of Each Receipt this Period **5.00**
 Memo Item
 ERMK: FRIENDS OF MAZIE HIRONO

SUBTOTAL of Receipts This Page (optional)..... **130.00**
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 124 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 28 / 2017
Transaction ID : INCA15876
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 28 / 2017
Transaction ID : INCA15879
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

C. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 28 / 2017
Transaction ID : INCA15878
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: HEIDI FOR SENATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 324
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET

City SAN FRANCISCO	State CA	Zip Code 94107
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) PERSONAL TRAINER
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2017

Transaction ID : INCA15875

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF MARIA

B. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET

City SAN FRANCISCO	State CA	Zip Code 94107
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) PERSONAL TRAINER
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2017

Transaction ID : INCA15874

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: STABENOW FOR US SENATE

C. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET

City SAN FRANCISCO	State CA	Zip Code 94107
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) PERSONAL TRAINER
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2017

Transaction ID : INCA15872

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: GILLIBRAND FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 324
	<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)
WOMENCOUNT PAC

A. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 28 / 2017
Transaction ID : INCA15871
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FEINSTEIN FOR SENATE 2018

B. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 28 / 2017
Transaction ID : INCA15870
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH FOR MA

C. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 28 / 2017
Transaction ID : INCA15873
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KLOBUCHAR FOR MINNESOTA

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PHILLIPS, DANA, , ,

Mailing Address 740 SEALE AVE

City PALO ALTO State CA Zip Code 94303

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5025.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2017

Transaction ID : INCA15865

Amount of Each Receipt this Period
 25.00

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	24525.00

**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 128 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. AYALA FOR DELGATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 7434

City WOODBRIDGE	State VA	Zip Code 22195
--------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
54.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15488

Amount of Each Receipt this Period
6.80

Memo Item

B. CHERYL TURPIN FOR VIRGINIA BEACH
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4540 PRINCESS ANNE ROAD
SUITE 114 #189

City VIRGINIA BEACH	State VA	Zip Code 23462
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
21.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15444

Amount of Each Receipt this Period
5.60

Memo Item

C. CROWLEYFORVA98TH
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 298

City PORT HAYWOOD	State VA	Zip Code 23138
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
21.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15445

Amount of Each Receipt this Period
5.60

Memo Item

SUBTOTAL of Receipts This Page (optional).....	18.00
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 129 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address PO BOX 290568

City BOSTON	State MA	Zip Code 02129
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FEC ID number of contributing federal political committee. **C** C00500843

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4323.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15433

Amount of Each Receipt this Period
0.40

Memo Item

B. ELIZABETH GUZMAN FOR DELEGATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1818

City WOODBIDGE	State VA	Zip Code 22195
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
145.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15446

Amount of Each Receipt this Period
34.40

Memo Item

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

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00539890

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
46.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15434

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.00
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 130 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRIENDS OF DANICA ROEM
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 726

City MANASSAS	State VA	Zip Code 20113
------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
142.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15447

Amount of Each Receipt this Period
14.40

Memo Item

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

Mailing Address PO BOX 12740

City SEATTLE	State WA	Zip Code 98111
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00349506

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
819.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15438

Amount of Each Receipt this Period
0.20

Memo Item

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

Mailing Address PO BOX 677

City HONOLULU	State HI	Zip Code 96809
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00420760

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
48.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15440

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	14.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 131 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address 313 C STREET, NE

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00413914

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2941.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15435

Amount of Each Receipt this Period

0.40

 Memo Item

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

Mailing Address PO BOX 1577

City BISMARCK	State ND	Zip Code 58502
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00505552

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1297.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15441

Amount of Each Receipt this Period

0.20

 Memo Item

C. JENNIFER CARROL FOY FOR DELEGATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2715 MCGUFFEYS CT.

City WOODBIDGE	State CA	Zip Code 22191
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
145.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15448

Amount of Each Receipt this Period

33.40

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.00
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 132 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. KAMALA HARRIS FOR SENATE

Mailing Address 777 S FIGUEROA ST STE 4050

City LOS ANGELES	State CA	Zip Code 90017
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00571919

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15443

Amount of Each Receipt this Period
0.20

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE	State VA	Zip Code 20120
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
141.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15449

Amount of Each Receipt this Period
34.40

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City MCLEAN	State VA	Zip Code 22101
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
48.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15450

Amount of Each Receipt this Period
26.60

Memo Item

SUBTOTAL of Receipts This Page (optional).....	61.20
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 133 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 2731

City SPRINGFIELD	State VA	Zip Code 22152
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
143.82

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2017

Transaction ID : INCA15451

Amount of Each Receipt this Period
37.40

Memo Item

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

Mailing Address PO BOX 4146

City ST PAUL	State MN	Zip Code 55104
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00431353

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
54.93

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2017

Transaction ID : INCA15436

Amount of Each Receipt this Period
0.40

Memo Item

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

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY	State CA	Zip Code 94028
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00646364

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
28.75

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2017

Transaction ID : INCA15489

Amount of Each Receipt this Period
5.80

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	43.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 134 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address PO BOX 300077

City ST LOUIS	State MO	Zip Code 63130
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00577148

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1857.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15439

Amount of Each Receipt this Period
0.20

Memo Item

B. MICHELLE FOR DELEGATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 BELL CREEK DRIVE

City STAUNTON	State VA	Zip Code 24401
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
21.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15452

Amount of Each Receipt this Period
5.60

Memo Item

C. MORGAN GOODMAN FOR VIRGINIA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9468 MANORWOOD DRIVE

City MECHANICSVILLE	State VA	Zip Code 23116
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
21.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15453

Amount of Each Receipt this Period
5.60

Memo Item

SUBTOTAL of Receipts This Page (optional).....	11.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 135 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address P.O. BOX 4945

City EAST LANSING	State MI	Zip Code 48826
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00344473

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1495.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15437

Amount of Each Receipt this Period
0.20

Memo Item

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

Mailing Address P.O. BOX 696

City MADISON	State WI	Zip Code 53701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00326801

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2066.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : INCA15442

Amount of Each Receipt this Period
0.40

Memo Item

C. ADAMS4DELEGATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 25331

City RICHMOND	State VA	Zip Code 23260
------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2017

Transaction ID : INCA16243

Amount of Each Receipt this Period
0.40

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1.00
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 136 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. AYALA FOR DELGATE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 7434
 City WOODBRIDGE State VA Zip Code 22195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 54.62

Date of Receipt 11 / 08 / 2017
Transaction ID : INCA16248
 Amount of Each Receipt this Period 36.35
 Memo Item

B. CHERYL TURPIN FOR VIRGINIA BEACH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189
 City VIRGINIA BEACH State VA Zip Code 23462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 21.40

Date of Receipt 11 / 08 / 2017
Transaction ID : INCA16238
 Amount of Each Receipt this Period 7.40
 Memo Item

C. CROWLEYFORVA98TH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 298
 City PORT HAYWOOD State VA Zip Code 23138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 21.40

Date of Receipt 11 / 08 / 2017
Transaction ID : INCA16250
 Amount of Each Receipt this Period 7.20
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.95
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 137 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ELIZABETH FOR MA INC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 290568
 City BOSTON State MA Zip Code 02129
 FEC ID number of contributing federal political committee. **C** C00500843
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4323.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2017
Transaction ID : INCA16232
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. ELIZABETH GUZMAN FOR DELEGATE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1818
 City WOODBRIDGE State VA Zip Code 22195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 145.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2017
Transaction ID : INCA16239
 Amount of Each Receipt this Period
 43.55
 Memo Item

C. FRIENDS OF DANICA ROEM
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 726
 City MANASSAS State VA Zip Code 20113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 142.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2017
Transaction ID : INCA16240
 Amount of Each Receipt this Period
 47.55
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 131.10
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 138 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRIENDS OF WENDY GOODITIS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 239 MT. PROSPECT LANE

City BOYCE	State VA	Zip Code 22620
---------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4.40**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2017

Transaction ID : INCA16244

Amount of Each Receipt this Period

0.40

 Memo Item

B. JENNIFER CARROL FOY FOR DELEGATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2715 MCGUFFEYS CT.

City WOODBIDGE	State CA	Zip Code 22191
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **145.22**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2017

Transaction ID : INCA16242

Amount of Each Receipt this Period

43.75

 Memo Item

C. KARRIE DELANEY FOR DELEGATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 230542

City CENTREVILLE	State VA	Zip Code 20120
---------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **141.42**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2017

Transaction ID : INCA16237

Amount of Each Receipt this Period

43.15

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	87.30
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 139 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHLEEN MURPHY FOR DELEGATE

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

Mailing Address PO BOX 146

City MCLEAN	State VA	Zip Code 22101
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
48.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2017

Transaction ID : INCA16236

Amount of Each Receipt this Period
13.20

Memo Item

B. KATHY TRAN FOR DELEGATE

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

Mailing Address PO BOX 2731

City SPRINGFIELD	State VA	Zip Code 22152
---------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
143.82

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2017

Transaction ID : INCA16245

Amount of Each Receipt this Period
43.15

Memo Item

C. KELLY FOWLER FOR DELEGATE

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

Mailing Address PO BOX 6769

City VIRGINIA BEACH	State VA	Zip Code 23456
------------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2017

Transaction ID : INCA16241

Amount of Each Receipt this Period
0.40

Memo Item

SUBTOTAL of Receipts This Page (optional).....	56.75
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 140 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. LOCAL MAJORITY

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

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY	State CA	Zip Code 94028
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00646364

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
28.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2017

Transaction ID : INCA16235

Amount of Each Receipt this Period
22.95

Memo Item

B. MICHELLE FOR DELEGATE

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

Mailing Address 112 BELL CREEK DRIVE

City STAUNTON	State VA	Zip Code 24401
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
21.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2017

Transaction ID : INCA16247

Amount of Each Receipt this Period
7.20

Memo Item

C. MORGAN GOODMAN FOR VIRGINIA

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

Mailing Address 9468 MANORWOOD DRIVE

City MECHANICSVILLE	State VA	Zip Code 23116
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
21.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2017

Transaction ID : INCA16249

Amount of Each Receipt this Period
7.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	37.35
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 141 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. RODMAN FOR DELEGATE

Mailing Address 6744 WILBER CIRCLE

City HENRICO	State VA	Zip Code 23228
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2017

Transaction ID : INCA16246

Amount of Each Receipt this Period
0.40

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ROSEN FOR NEVADA

Mailing Address 1000 N. GREEN VALLEY PKWY #440-177

City HENDERSON	State NV	Zip Code 89074
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00606939

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
59.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2017

Transaction ID : INCA16234

Amount of Each Receipt this Period
20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SINEMA FOR ARIZONA

Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00508804

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
243.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2017

Transaction ID : INCA15505

Amount of Each Receipt this Period
223.40

Memo Item

SUBTOTAL of Receipts This Page (optional).....	243.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 142 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SINEMA FOR ARIZONA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00508804

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2017

Transaction ID : INCA16233

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address P.O. BOX 696

City MADISON	State WI	Zip Code 53701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00326801

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2066.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2017

Transaction ID : INCA16231

Amount of Each Receipt this Period
40.00

Memo Item

C. CLARKE FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111-36 200TH. STREET

City HOLLIS	State NY	Zip Code 11412
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00415331

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

Transaction ID : INCA16251

Amount of Each Receipt this Period
1.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	61.00
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 143 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. DEBBIE DINGELL FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19855 W. OUTER DR. STE 103 AE

City DEARBORN	State MI	Zip Code 48124
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00558213

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

Transaction ID : INCA16254

Amount of Each Receipt this Period

1.00

 Memo Item

B. FREDERICA S. WILSON FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19821 NW 2ND AVENUE, BOX 354

City MIAMI GARDENS	State FL	Zip Code 33169
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00460055

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

Transaction ID : INCA16253

Amount of Each Receipt this Period

1.00

 Memo Item

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

Mailing Address PO BOX 677

City HONOLULU	State HI	Zip Code 96809
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FEC ID number of contributing federal political committee. **C** C00420760

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
48.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

Transaction ID : INCA16252

Amount of Each Receipt this Period

1.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3.00
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 144 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. BONAMICI FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1632

City BEAVERTON	State OR	Zip Code 97075
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00500421

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2017

Transaction ID : INCA16259

Amount of Each Receipt this Period
0.40

Memo Item

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

Mailing Address 689 MAIN ST., NO. 302

City WALPOLE	State MA	Zip Code 02081
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00633669

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2017

Transaction ID : INCA16266

Amount of Each Receipt this Period
0.40

Memo Item

C. CATHERINE CORTEZ MASTO FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8020 SOUTH RAINBOW BLVD. SUITE 100

City LAS VEGAS	State NV	Zip Code 89139
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00575548

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2017

Transaction ID : INCA16263

Amount of Each Receipt this Period
0.40

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 145 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. CHRISSY HOULAHAN FOR CONGRESS

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

Mailing Address PO BOX 222

City DEVON	State PA	Zip Code 19333
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00637371

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		22		2017

Transaction ID : INCA16267

Amount of Each Receipt this Period

40.00

 Memo Item

B. ELECTING WOMEN BAY AREA PAC

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

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO	State CA	Zip Code 94118
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00585687

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1760.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		22		2017

Transaction ID : INCA16264

Amount of Each Receipt this Period

400.00

 Memo Item

C. HEIDI FOR SENATE

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

Mailing Address PO BOX 1577

City BISMARCK	State ND	Zip Code 58502
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00505552

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1297.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		22		2017

Transaction ID : INCA16260

Amount of Each Receipt this Period

10.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	410.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 146 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address P.O. BOX 30632

City ROCHESTER	State NY	Zip Code 14603
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00213611

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2017

Transaction ID : INCA16255

Amount of Each Receipt this Period
0.40

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ROSEN FOR NEVADA

Mailing Address 1000 N. GREEN VALLEY PKWY #440-177

City HENDERSON	State NV	Zip Code 89074
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00606939

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
59.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2017

Transaction ID : INCA16265

Amount of Each Receipt this Period
0.40

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SINEMA FOR ARIZONA

Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00508804

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
243.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2017

Transaction ID : INCA16261

Amount of Each Receipt this Period
0.40

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 147 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. TAMMY BALDWIN FOR SENATE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 696

City MADISON	State WI	Zip Code 53701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00326801

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2066.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2017

Transaction ID : INCA16256

Amount of Each Receipt this Period

0.40

 Memo Item

B. TAMMY FOR ILLINOIS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 59568

City SCHAUMBURG	State IL	Zip Code 60159
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00574889

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2017

Transaction ID : INCA16262

Amount of Each Receipt this Period

0.40

 Memo Item

C. THE NIKI TSONGAS COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 1454

City LOWELL	State MA	Zip Code 01853
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00433136

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2017

Transaction ID : INCA16257

Amount of Each Receipt this Period

0.40

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 148 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. TULSI FOR HAWAII
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 75561

City KAPOLEI	State HI	Zip Code 96707
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00497396

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2017

Transaction ID : INCA16258

Amount of Each Receipt this Period
0.40

Memo Item

B. CHERYL TURPIN FOR VIRGINIA BEACH
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4540 PRINCESS ANNE ROAD
SUITE 114 #189

City VIRGINIA BEACH	State VA	Zip Code 23462
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
21.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : INCA16281

Amount of Each Receipt this Period
0.20

Memo Item

C. CROWLEYFORVA98TH
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 298

City PORT HAYWOOD	State VA	Zip Code 23138
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
21.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : INCA16288

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 149 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address PO BOX 290568

City BOSTON	State MA	Zip Code 02129
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00500843

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4323.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : INCA16274

Amount of Each Receipt this Period
0.40

Memo Item

B. ELIZABETH GUZMAN FOR DELEGATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1818

City WOODBIDGE	State VA	Zip Code 22195
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
145.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : INCA16282

Amount of Each Receipt this Period
0.20

Memo Item

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

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00539890

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
46.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : INCA16276

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 150 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRIENDS OF DANICA ROEM
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 726

City MANASSAS	State VA	Zip Code 20113
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
142.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : INCA16283

Amount of Each Receipt this Period
0.20

Memo Item

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

Mailing Address PO BOX 12740

City SEATTLE	State WA	Zip Code 98111
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00349506

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
819.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : INCA16270

Amount of Each Receipt this Period
0.20

Memo Item

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

Mailing Address PO BOX 677

City HONOLULU	State HI	Zip Code 96809
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00420760

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
48.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : INCA16272

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.60
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 151 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address 313 C STREET, NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00413914

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2941.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2017

Transaction ID : INCA16271

Amount of Each Receipt this Period
0.40

Memo Item

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

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

FEC ID number of contributing federal political committee. **C** C00505552

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1297.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2017

Transaction ID : INCA16275

Amount of Each Receipt this Period
0.20

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
145.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2017

Transaction ID : INCA16284

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.80

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 152 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. KAMALA HARRIS FOR SENATE

Mailing Address 777 S FIGUEROA ST STE 4050

City LOS ANGELES	State CA	Zip Code 90017
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00571919

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2017

Transaction ID : INCA16277

Amount of Each Receipt this Period
0.20

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE	State VA	Zip Code 20120
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
141.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2017

Transaction ID : INCA16280

Amount of Each Receipt this Period
0.20

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City MCLEAN	State VA	Zip Code 22101
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
48.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2017

Transaction ID : INCA16279

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 153 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 2731

City SPRINGFIELD	State VA	Zip Code 22152
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
143.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : INCA16285

Amount of Each Receipt this Period
0.20

Memo Item

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

Mailing Address PO BOX 4146

City ST PAUL	State MN	Zip Code 55104
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00431353

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
54.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : INCA16273

Amount of Each Receipt this Period
0.40

Memo Item

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

Mailing Address PO BOX 300077

City ST LOUIS	State MO	Zip Code 63130
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00577148

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1857.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : INCA16278

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 154 OF 324
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MICHELLE FOR DELEGATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 BELL CREEK DRIVE

City STAUNTON	State VA	Zip Code 24401
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
21.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : INCA16286

Amount of Each Receipt this Period
0.20

Memo Item

B. MORGAN GOODMAN FOR VIRGINIA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9468 MANORWOOD DRIVE

City MECHANICSVILLE	State VA	Zip Code 23116
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
21.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : INCA16287

Amount of Each Receipt this Period
0.20

Memo Item

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

Mailing Address P.O. BOX 4945

City EAST LANSING	State MI	Zip Code 48826
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00344473

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1495.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : INCA16269

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.60
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 155 OF 324
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. TAMMY BALDWIN FOR SENATE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 696
 City MADISON State WI Zip Code 53701
 FEC ID number of contributing federal political committee. **C** C00326801
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2066.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2017
Transaction ID : INCA16268
 Amount of Each Receipt this Period
 0.40
 Memo Item

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.40
TOTAL This Period (last page this line number only).....▶	1309.65

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement
ACCOUNT FEE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15454
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST DATA

Mailing Address 5565 GLENRIDGE CONNECTOR NE
SUITE 2000

City ATLANTA State GA Zip Code 30342

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15455
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST DATA

Mailing Address 5565 GLENRIDGE CONNECTOR NE
SUITE 2000

City ATLANTA State GA Zip Code 30342

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15457
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FIRST DATA

Mailing Address 5565 GLENRIDGE CONNECTOR NE
SUITE 2000

City ATLANTA State GA Zip Code 30342

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB15456

Amount of Each Disbursement this Period

[REDACTED] 193.18

Memo Item

Full Name (Last, First, Middle Initial)

B. WELLS FARGO BANK

Mailing Address 464 CALIFORNIA STREET

City SAN FRANCISCO State CA Zip Code 94163

Purpose of Disbursement
BANK FEE

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB16293

Amount of Each Disbursement this Period

[REDACTED] 61.11

Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE

Mailing Address 14 ARROW STREET, SUITE 11

City CAMBRIDGE State MA Zip Code 02138

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Category/
Type

Candidate Name

ACTBLUE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB16295

Amount of Each Disbursement this Period

[REDACTED] 0.04

Memo Item

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

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

[REDACTED] 254.33

[REDACTED] 1245.76

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City BOSTON State MA Zip Code 02129

Purpose of Disbursement
ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
WARREN, ELIZABETH, , ,

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

Date of Disbursement
MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number
C C00500843
Transaction ID : EXPB15275
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City BOSTON State MA Zip Code 02129

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
WARREN, ELIZABETH, , ,

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

Date of Disbursement
MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number
C C00500843
Transaction ID : EXPB15353
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. FEINSTEIN FOR SENATE 2018

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FEINSTEIN, DIANE, , ,

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

Date of Disbursement
MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number
C C00539890
Transaction ID : EXPB15355
Amount of Each Disbursement this Period
5.00

Memo Item

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF MARIA		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address PO BOX 12740		FEC Identification Number C00349506 Transaction ID : EXPB15349 Amount of Each Disbursement this Period 5.00
City SEATTLE	State WA	Zip Code 98111
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name CANTWELL, MARIA, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District:	

Full Name (Last, First, Middle Initial) B. FRIENDS OF MAZIE HIRONO		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address PO BOX 677		FEC Identification Number C00420760 Transaction ID : EXPB15351 Amount of Each Disbursement this Period 5.00
City HONOLULU	State HI	Zip Code 96809
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HIRONO, MAZIE, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: HI	District:	

Full Name (Last, First, Middle Initial) C. GILLIBRAND FOR SENATE		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 313 C STREET, NE		FEC Identification Number C00413914 Transaction ID : EXPB15273 Amount of Each Disbursement this Period 5.00
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name GILLIBRAND, KIRSTEN ELIZABETH, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District:	

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

15.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. GILLIBRAND FOR SENATE		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 313 C STREET, NE		FEC Identification Number C 000413914 Transaction ID : EXPB15350 Amount of Each Disbursement this Period 5.00
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name GILLIBRAND, KIRSTEN ELIZABETH, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District:	

Full Name (Last, First, Middle Initial) B. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C 000505552 Transaction ID : EXPB15354 Amount of Each Disbursement this Period 5.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	

Full Name (Last, First, Middle Initial) C. KAMALA HARRIS FOR SENATE		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 777 S FIGUEROA ST STE 4050		FEC Identification Number C 000571919 Transaction ID : EXPB15276 Amount of Each Disbursement this Period 5.00
City LOS ANGELES	State CA	Zip Code 90017
Purpose of Disbursement ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HARRIS, KAMALA, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District:	

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

15.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
KLOBUCHAR, AMY, , ,

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

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C C00431353

Transaction ID : EXPB15274

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
KLOBUCHAR, AMY, , ,

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

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C C00431353

Transaction ID : EXPB15352

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LOCAL MAJORITY

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: ELIZABETH ARNDORFER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
LOCAL MAJORITY

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

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C C00646364

Transaction ID : EXPB15357

Amount of Each Disbursement this Period

100.00

Memo Item

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

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

110.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. LOCAL MAJORITY

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: MELISSA MENGE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name

LOCAL MAJORITY

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

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C C00646364

Transaction ID : EXPB15358

Amount of Each Disbursement this Period

45.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MCCASKILL SENATE FUND

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name

MCCASKILL, CLAIRE, , ,

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

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C C00577148

Transaction ID : EXPB15356

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name

STABENOW, DEBBIE, , ,

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

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C C00344473

Transaction ID : EXPB15348

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

55.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City
MADISON

State
WI

Zip Code
53701

Purpose of Disbursement
ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

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

FEC Identification Number

C C00326801

Transaction ID : EXPB15272

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City
MADISON

State
WI

Zip Code
53701

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: WI District:

Date of Disbursement

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

FEC Identification Number

C C00326801

Transaction ID : EXPB15347

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City
BOSTON

State
MA

Zip Code
02129

Purpose of Disbursement
ERMK: KAREN SILVERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

Candidate Name
WARREN, ELIZABETH, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	7		

FEC Identification Number

C C00500843

Transaction ID : EXPB15898

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

1010.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. LOCAL MAJORITY

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: DIANE CARR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

LOCAL MAJORITY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C C00646364

Transaction ID : EXPB15917

Amount of Each Disbursement this Period

35.74

Memo Item

Full Name (Last, First, Middle Initial)

B. LOCAL MAJORITY

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: DAN QUINN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

LOCAL MAJORITY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C C00646364

Transaction ID : EXPB15918

Amount of Each Disbursement this Period

30.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LOCAL MAJORITY

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: DON AND LESLIE BUSH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

LOCAL MAJORITY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C C00646364

Transaction ID : EXPB15919

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

70.74

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. LOCAL MAJORITY

Full Name (Last, First, Middle Initial)

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: DAN QUINN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
LOCAL MAJORITY

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

State: District:

Date of Disbursement
MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number
C00646364
Transaction ID : EXPB15920

Amount of Each Disbursement this Period
30.00

Memo Item

B. LOCAL MAJORITY

Full Name (Last, First, Middle Initial)

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: VANESSA JOHNSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
LOCAL MAJORITY

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

State: District:

Date of Disbursement
MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number
C00646364
Transaction ID : EXPB15921

Amount of Each Disbursement this Period
5.00

Memo Item

C. LOCAL MAJORITY

Full Name (Last, First, Middle Initial)

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: JO-ANNE STENGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
LOCAL MAJORITY

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

State: District:

Date of Disbursement
MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number
C00646364
Transaction ID : EXPB15922

Amount of Each Disbursement this Period
5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 40.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. LOCAL MAJORITY

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: LINDA SCHUCK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
LOCAL MAJORITY

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C C00646364

Transaction ID : EXPB15923

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LOCAL MAJORITY

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: LEONARD LEHMANN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
LOCAL MAJORITY

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C C00646364

Transaction ID : EXPB15924

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LOCAL MAJORITY

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: TRACY SHERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
LOCAL MAJORITY

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C C00646364

Transaction ID : EXPB15925

Amount of Each Disbursement this Period

10.00

Memo Item

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

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

215.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. LOCAL MAJORITY

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: YVONNE DEGGELMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
LOCAL MAJORITY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	7		

FEC Identification Number

C C00646364

Transaction ID : EXPB15926

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LOCAL MAJORITY

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: FELICITY TAUBMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
LOCAL MAJORITY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	7		

FEC Identification Number

C C00646364

Transaction ID : EXPB15927

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LOCAL MAJORITY

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: CYNTHIA SEARS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
LOCAL MAJORITY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	7		

FEC Identification Number

C C00646364

Transaction ID : EXPB15928

Amount of Each Disbursement this Period

51.42

Memo Item

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

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

71.42

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. LOCAL MAJORITY

Full Name (Last, First, Middle Initial)

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement ERMK: JUDITH OSTAPIK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name LOCAL MAJORITY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C00646364
Transaction ID : EXPB15929

Amount of Each Disbursement this Period: 5.00

Memo Item

B. LOCAL MAJORITY

Full Name (Last, First, Middle Initial)

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement ERMK: DAVID KAUFMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name LOCAL MAJORITY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C00646364
Transaction ID : EXPB15930

Amount of Each Disbursement this Period: 25.00

Memo Item

C. LOCAL MAJORITY

Full Name (Last, First, Middle Initial)

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement ERMK: WENDY HAFKENSCHIEL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name LOCAL MAJORITY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C00646364
Transaction ID : EXPB15931

Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 40.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. LOCAL MAJORITY

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	7		

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: SHIRLEY CLAYTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
LOCAL MAJORITY

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

FEC Identification Number

C C00646364

Transaction ID : EXPB15932

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LOCAL MAJORITY

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	7		

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: MARYANN SAUNDERS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
LOCAL MAJORITY

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

FEC Identification Number

C C00646364

Transaction ID : EXPB15933

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LOCAL MAJORITY

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	7		

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: CAROL SONTAG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
LOCAL MAJORITY

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

FEC Identification Number

C C00646364

Transaction ID : EXPB15934

Amount of Each Disbursement this Period

10.00

Memo Item

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

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

40.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. LOCAL MAJORITY

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: LAURA KAVANAUGH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
LOCAL MAJORITY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

FEC Identification Number

C C00646364

Transaction ID : EXPB15935

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LOCAL MAJORITY

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: WINNIE WAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
LOCAL MAJORITY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

FEC Identification Number

C C00646364

Transaction ID : EXPB15936

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LOCAL MAJORITY

Mailing Address 3130 ALPINE RD
#288-#105

City PORTOLA VALLEY State CA Zip Code 94028

Purpose of Disbursement
ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
LOCAL MAJORITY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

FEC Identification Number

C C00646364

Transaction ID : EXPB15937

Amount of Each Disbursement this Period

71.42

Memo Item

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

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

91.42

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. LOCAL MAJORITY

Full Name (Last, First, Middle Initial)
Mailing Address 3130 ALPINE RD #288-#105
City PORTOLA VALLEY State CA Zip Code 94028
Purpose of Disbursement ERMK: LESLIE FIELD-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name LOCAL MAJORITY
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement: 11 / 08 / 2017
FEC Identification Number: C00646364
Transaction ID: EXPB15938
Amount of Each Disbursement this Period: 5.00
 Memo Item

B. ROSEN FOR NEVADA

Full Name (Last, First, Middle Initial)
Mailing Address 1000 N. GREEN VALLEY PKWY #440-177
City HENDERSON State NV Zip Code 89074
Purpose of Disbursement ERMK: KAREN SILVERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name ROSEN, JACKY, , ,
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: NV District: 03

Date of Disbursement: 11 / 08 / 2017
FEC Identification Number: C00606939
Transaction ID: EXPB15913
Amount of Each Disbursement this Period: 500.00
 Memo Item

C. SINEMA FOR ARIZONA

Full Name (Last, First, Middle Initial)
Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE
City WASHINGTON State DC Zip Code 20003
Purpose of Disbursement ERMK: GARY LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name SINEMA, KYRSTEN, , ,
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: AZ District:

Date of Disbursement: 11 / 08 / 2017
FEC Identification Number: C00508804
Transaction ID: EXPB15491
Amount of Each Disbursement this Period: 2700.00
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3205.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. SINEMA FOR ARIZONA		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE		FEC Identification Number C00508804 Transaction ID : EXPB15492
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ERMK: LAURA LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 2700.00
Candidate Name SINEMA, KYRSTEN, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District:	

Full Name (Last, First, Middle Initial) B. SINEMA FOR ARIZONA		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE		FEC Identification Number C00508804 Transaction ID : EXPB15493
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 10.00
Candidate Name SINEMA, KYRSTEN, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District:	

Full Name (Last, First, Middle Initial) C. SINEMA FOR ARIZONA		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE		FEC Identification Number C00508804 Transaction ID : EXPB15494
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ERMK: PHYLLIS FEDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 50.00
Candidate Name SINEMA, KYRSTEN, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	2760.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. SINEMA FOR ARIZONA

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE

FEC Identification Number

C C00508804

Transaction ID : EXPB15495

Amount of Each Disbursement this Period

5.00

Memo Item

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
ERMK: PATRICIA MARTIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
SINEMA, KYRSTEN, , ,

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

Full Name (Last, First, Middle Initial)
B. SINEMA FOR ARIZONA

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE

FEC Identification Number

C C00508804

Transaction ID : EXPB15496

Amount of Each Disbursement this Period

5.00

Memo Item

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
ERMK: STUART CERULLO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
SINEMA, KYRSTEN, , ,

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

Full Name (Last, First, Middle Initial)
C. SINEMA FOR ARIZONA

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE

FEC Identification Number

C C00508804

Transaction ID : EXPB15497

Amount of Each Disbursement this Period

50.00

Memo Item

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
ERMK: KEENAN KELSEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
SINEMA, KYRSTEN, , ,

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

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

60.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. SINEMA FOR ARIZONA		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE		FEC Identification Number C00508804 Transaction ID : EXPB15498
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ERMK: PAMELA BOOZER-STROTHER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 10.00
Candidate Name SINEMA, KYRSTEN, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" 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: AZ District:		

Full Name (Last, First, Middle Initial) B. SINEMA FOR ARIZONA		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE		FEC Identification Number C00508804 Transaction ID : EXPB15499
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ERMK: AIMEE LEE CHEEK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name SINEMA, KYRSTEN, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" 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: AZ District:		

Full Name (Last, First, Middle Initial) C. SINEMA FOR ARIZONA		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE		FEC Identification Number C00508804 Transaction ID : EXPB15500
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ERMK: MARCI ADDY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name SINEMA, KYRSTEN, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" 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: AZ District:		

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

20.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. SINEMA FOR ARIZONA		Date of Disbursement M M / D D / Y Y Y Y Y 11 / 08 / 2017	
Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE			
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement ERMK: KAY MAUNSBACH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		FEC Identification Number C C00508804 Transaction ID : EXPB15501	
Candidate Name SINEMA, KYRSTEN, , ,		Amount of Each Disbursement this Period 10.00	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. SINEMA FOR ARIZONA		Date of Disbursement M M / D D / Y Y Y Y Y 11 / 08 / 2017	
Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE			
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement ERMK: JESSICA CERULLO MERRILL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		FEC Identification Number C C00508804 Transaction ID : EXPB15502	
Candidate Name SINEMA, KYRSTEN, , ,		Amount of Each Disbursement this Period 5.00	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. SINEMA FOR ARIZONA		Date of Disbursement M M / D D / Y Y Y Y Y 11 / 08 / 2017	
Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE			
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement ERMK: KELLY E HAYES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		FEC Identification Number C C00508804 Transaction ID : EXPB15503	
Candidate Name SINEMA, KYRSTEN, , ,		Amount of Each Disbursement this Period 20.00	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....	35.00
TOTAL This Period (last page this line number only).....	35.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. SINEMA FOR ARIZONA		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE		FEC Identification Number C00508804 Transaction ID : EXPB15504
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ERMK: ASHLEY GLACEL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 10.00
Candidate Name SINEMA, KYRSTEN, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District:	

Full Name (Last, First, Middle Initial) B. SINEMA FOR ARIZONA		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE		FEC Identification Number C00508804 Transaction ID : EXPB15903
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ERMK: KAREN SILVERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 500.00
Candidate Name SINEMA, KYRSTEN, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District:	

Full Name (Last, First, Middle Initial) C. TAMMY BALDWIN FOR SENATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 696		FEC Identification Number C00326801 Transaction ID : EXPB15881
City MADISON	State WI	Zip Code 53701
Purpose of Disbursement ERMK: KAREN SILVERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 1000.00
Candidate Name BALDWIN, TAMMY, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District:	

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

1510.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. CLARKE FOR CONGRESS

Date of Disbursement: / /

Mailing Address: 111-36 200TH. STREET

City: HOLLIS State: NY Zip Code: 11412

Purpose of Disbursement: ERMK: TIFFANY BARNES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: **CLARK, YVETTE, , ,**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: NY District: 09

FEC Identification Number: **C** C00415331
Transaction ID : EXPB15889
Amount of Each Disbursement this Period:
 Memo Item

Full Name (Last, First, Middle Initial)
B. DEBBIE DINGELL FOR CONGRESS

Date of Disbursement: / /

Mailing Address: 19855 W. OUTER DR. STE 103 AE

City: DEARBORN State: MI Zip Code: 48124

Purpose of Disbursement: ERMK: TIFFANY BARNES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: **DINGELL, DEBBIE, , ,**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MI District: 12

FEC Identification Number: **C** C00558213
Transaction ID : EXPB15906
Amount of Each Disbursement this Period:
 Memo Item

Full Name (Last, First, Middle Initial)
C. FREDERICA S. WILSON FOR CONGRESS

Date of Disbursement: / /

Mailing Address: 19821 NW 2ND AVENUE, BOX 354

City: MIAMI GARDENS State: FL Zip Code: 33169

Purpose of Disbursement: ERMK: TIFFANY BARNES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: **WILSON, FREDERICA, , ,**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: FL District: 24

FEC Identification Number: **C** C00460055
Transaction ID : EXPB15895
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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRIENDS OF MAZIE HIRONO

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
ERMK: TIFFANY BARNES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HIRONO, MAZIE, , ,

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 15 / 2017

FEC Identification Number

C C00420760

Transaction ID : EXPB15890

Amount of Each Disbursement this Period

25.00

Memo Item

B. BONAMICI FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1632

City BEAVERTON State OR Zip Code 97075

Purpose of Disbursement
ERMK: IAN NELSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BONAMICI, SUZANNE, , ,

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 22 / 2017

FEC Identification Number

C C00500421

Transaction ID : EXPB15897

Amount of Each Disbursement this Period

10.00

Memo Item

C. BRIANNA WU FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 689 MAIN ST., NO. 302

City WALPOLE State MA Zip Code 02081

Purpose of Disbursement
ERMK: IAN NELSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
WU, BRIANNA, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: MA District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 22 / 2017

FEC Identification Number

C C00633669

Transaction ID : EXPB15915

Amount of Each Disbursement this Period

10.00

Memo Item

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

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

45.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. CATHERINE CORTEZ MASTO FOR SENATE

Date of Disbursement: MM / DD / YYYY
11 / 22 / 2017

Mailing Address 8020 SOUTH RAINBOW BLVD. SUITE 100

City LAS VEGAS State NV Zip Code 89139

Purpose of Disbursement
ERMK: IAN NELSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MASTO, CATHERINE CORTEZ, , ,

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

State: NV District:

FEC Identification Number
C C00575548
Transaction ID : EXPB15909
Amount of Each Disbursement this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. CHRISSY HOULAHAN FOR CONGRESS

Date of Disbursement: MM / DD / YYYY
11 / 22 / 2017

Mailing Address PO BOX 222

City DEVON State PA Zip Code 19333

Purpose of Disbursement
ERMK: IAN NELSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HOULAHAN, CHRISSY, , ,

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

State: PA District: 06

FEC Identification Number
C C00637371
Transaction ID : EXPB15916
Amount of Each Disbursement this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)
C. ELECTING WOMEN BAY AREA PAC

Date of Disbursement: MM / DD / YYYY
11 / 22 / 2017

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO State CA Zip Code 94118

Purpose of Disbursement
ERMK: KRISTEN GARLINGHOUSE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ELECTING WOMEN BAY AREA PAC

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

State: District:

FEC Identification Number
C C00585687
Transaction ID : EXPB15911
Amount of Each Disbursement this Period
5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5020.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELECTING WOMEN BAY AREA PAC

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO State CA Zip Code 94118

Purpose of Disbursement
ERMK: EMILY CONN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ELECTING WOMEN BAY AREA PAC

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 22 / 2017

FEC Identification Number

C C00585687

Transaction ID : EXPB15912

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
ERMK: SUSIE HWANG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HEITKAMP, HEIDI, , ,

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 22 / 2017

FEC Identification Number

C C00505552

Transaction ID : EXPB15901

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address P.O. BOX 30632

City ROCHESTER State NY Zip Code 14603

Purpose of Disbursement
ERMK: IAN NELSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
SLAUGHTER, LOUISE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: NY District: 25

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 22 / 2017

FEC Identification Number

C C00213611

Transaction ID : EXPB15880

Amount of Each Disbursement this Period

10.00

Memo Item

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

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

5260.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ROSEN FOR NEVADA

Full Name (Last, First, Middle Initial)
Mailing Address 1000 N. GREEN VALLEY PKWY #440-177

City HENDERSON State NV Zip Code 89074

Purpose of Disbursement
ERMK: IAN NELSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROSEN, JACKY, , ,

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

State: NV District: 03

Date of Disbursement: 11 / 22 / 2017

FEC Identification Number: C00606939
Transaction ID : EXPB15914
Amount of Each Disbursement this Period: 10.00

Memo Item

B. SINEMA FOR ARIZONA

Full Name (Last, First, Middle Initial)
Mailing Address 600 PENNSYLVANIA AVENUE SE, SUITE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
ERMK: IAN NELSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
SINEMA, KYRSTEN, , ,

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

State: AZ District:

Date of Disbursement: 11 / 22 / 2017

FEC Identification Number: C00508804
Transaction ID : EXPB15904
Amount of Each Disbursement this Period: 10.00

Memo Item

C. TAMMY BALDWIN FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: IAN NELSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

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

State: WI District:

Date of Disbursement: 11 / 22 / 2017

FEC Identification Number: C00326801
Transaction ID : EXPB15882
Amount of Each Disbursement this Period: 10.00

Memo Item

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

30.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. TAMMY FOR ILLINOIS		Date of Disbursement MM / DD / YYYY 11 / 22 / 2017
Mailing Address P.O. BOX 59568		FEC Identification Number C 000574889 Transaction ID : EXPB15908
City SCHAUMBURG	State IL	Zip Code 60159
Purpose of Disbursement ERMK: IAN NELSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type
Candidate Name DUCKWORTH, TAMMY, , ,		Amount of Each Disbursement this Period 10.00
Office Sought: <input checked="" 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: IL	District:	

Full Name (Last, First, Middle Initial) B. THE NIKI TSONGAS COMMITTEE		Date of Disbursement MM / DD / YYYY 11 / 22 / 2017
Mailing Address PO BOX 1454		FEC Identification Number C 000433136 Transaction ID : EXPB15894
City LOWELL	State MA	Zip Code 01853
Purpose of Disbursement ERMK: IAN NELSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type
Candidate Name TSONGAS, NIKI, , ,		Amount of Each Disbursement this Period 10.00
Office Sought: <input checked="" 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: MA	District: 03	

Full Name (Last, First, Middle Initial) C. TULSI FOR HAWAII		Date of Disbursement MM / DD / YYYY 11 / 22 / 2017
Mailing Address PO BOX 75561		FEC Identification Number C 000497396 Transaction ID : EXPB15896
City KAPOLEI	State HI	Zip Code 96707
Purpose of Disbursement ERMK: IAN NELSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type
Candidate Name GABBARD, TULSI, , ,		Amount of Each Disbursement this Period 10.00
Office Sought: <input checked="" 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: HI	District: 02	

SUBTOTAL of Disbursements This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 11 / 29 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C00500843 Transaction ID : EXPB15899
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name WARREN, ELIZABETH, , ,		Category/Type
Office Sought: <input checked="" 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: MA	District:	

Full Name (Last, First, Middle Initial) B. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 11 / 29 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C00500843 Transaction ID : EXPB15900
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name WARREN, ELIZABETH, , ,		Category/Type
Office Sought: <input checked="" 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: MA	District:	

Full Name (Last, First, Middle Initial) C. FEINSTEIN FOR SENATE 2018		Date of Disbursement MM / DD / YYYY 11 / 29 / 2017
Mailing Address 918 PENNSYLVANIA AVE SE		FEC Identification Number C00539890 Transaction ID : EXPB15905
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name FEINSTEIN, DIANE, , ,		Category/Type
Office Sought: <input checked="" 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: CA	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF MARIA		Date of Disbursement MM / DD / YYYY 11 / 29 / 2017
Mailing Address PO BOX 12740		FEC Identification Number C00349506 Transaction ID : EXPB15886 Amount of Each Disbursement this Period 5.00
City SEATTLE	State WA	Zip Code 98111
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name CANTWELL, MARIA, , ,		
Office Sought: <input checked="" 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: WA	District:	

Full Name (Last, First, Middle Initial) B. FRIENDS OF MAZIE HIRONO		Date of Disbursement MM / DD / YYYY 11 / 29 / 2017
Mailing Address PO BOX 677		FEC Identification Number C00420760 Transaction ID : EXPB15891 Amount of Each Disbursement this Period 5.00
City HONOLULU	State HI	Zip Code 96809
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HIRONO, MAZIE, , ,		
Office Sought: <input checked="" 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: HI	District:	

Full Name (Last, First, Middle Initial) C. GILLIBRAND FOR SENATE		Date of Disbursement MM / DD / YYYY 11 / 29 / 2017
Mailing Address 313 C STREET, NE		FEC Identification Number C00413914 Transaction ID : EXPB15887 Amount of Each Disbursement this Period 5.00
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name GILLIBRAND, KIRSTEN ELIZABETH, , ,		
Office Sought: <input checked="" 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: NY	District:	

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. GILLIBRAND FOR SENATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	1	7

Mailing Address 313 C STREET, NE

FEC Identification Number

C C00413914

Transaction ID : EXPB15888

Amount of Each Disbursement this Period

5.00

Memo Item

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name
GILLIBRAND, KIRSTEN ELIZABETH, , ,

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

Full Name (Last, First, Middle Initial)
B. HEIDI FOR SENATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	1	7

Mailing Address PO BOX 1577

FEC Identification Number

C C00505552

Transaction ID : EXPB15902

Amount of Each Disbursement this Period

5.00

Memo Item

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name
HEITKAMP, HEIDI, , ,

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

Full Name (Last, First, Middle Initial)
C. KAMALA HARRIS FOR SENATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	1	7

Mailing Address 777 S FIGUEROA ST STE 4050

FEC Identification Number

C C00571919

Transaction ID : EXPB15907

Amount of Each Disbursement this Period

5.00

Memo Item

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement
ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HARRIS, KAMALA, , ,

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

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

15.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
KLOBUCHAR, AMY, , ,

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

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2017

FEC Identification Number

C C00431353

Transaction ID : EXPB15892

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
KLOBUCHAR, AMY, , ,

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

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2017

FEC Identification Number

C C00431353

Transaction ID : EXPB15893

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MCCASKILL SENATE FUND

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
MCCASKILL, CLAIRE, , ,

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

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2017

FEC Identification Number

C C00577148

Transaction ID : EXPB15910

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name
STABENOW, DEBBIE, , ,

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

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2017

FEC Identification Number

C C00344473

Transaction ID : EXPB15885

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

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

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2017

FEC Identification Number

C C00326801

Transaction ID : EXPB15883

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

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

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2017

FEC Identification Number

C C00326801

Transaction ID : EXPB15884

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

15.00

19913.58

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. AYALA FOR DELGATE

Full Name (Last, First, Middle Initial)
AYALA FOR DELGATE

Mailing Address P.O. BOX 7434

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement ERMK: ELIZABETH ARNDORFER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name AYALA, HALA, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 51

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : EXPB15391

Amount of Each Disbursement this Period: 100.00

Memo Item

B. AYALA FOR DELGATE

Full Name (Last, First, Middle Initial)
AYALA FOR DELGATE

Mailing Address P.O. BOX 7434

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement ERMK: MARY ARNDORFER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name AYALA, HALA, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 51

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : EXPB15393

Amount of Each Disbursement this Period: 25.00

Memo Item

C. AYALA FOR DELGATE

Full Name (Last, First, Middle Initial)
AYALA FOR DELGATE

Mailing Address P.O. BOX 7434

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement ERMK: MELISSA MENGE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name AYALA, HALA, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 51

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : EXPB15392

Amount of Each Disbursement this Period: 45.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 170.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB15287
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TURPIN, CHERYL, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 85	

Full Name (Last, First, Middle Initial) B. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB15323
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: HOLLY SCHNEIDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TURPIN, CHERYL, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 85	

Full Name (Last, First, Middle Initial) C. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB15288
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: ISABEL VALDES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TURPIN, CHERYL, , ,		Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 85	

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

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

20.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB15286
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: PATRICIA PLUMER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T Category/Type
Candidate Name TURPIN, CHERYL, , ,		Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 85	

Full Name (Last, First, Middle Initial) B. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB15285
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: KEENAN KELSEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T Category/Type
Candidate Name TURPIN, CHERYL, , ,		Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 85	

Full Name (Last, First, Middle Initial) C. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB15324
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: ROBERTA SPALTER-ROTH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T Category/Type
Candidate Name TURPIN, CHERYL, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 85	

SUBTOTAL of Disbursements This Page (optional).....▶	115.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB15325
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: ANN DEHOVITZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TURPIN, CHERYL, , ,		
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: VA	District: 85	Amount of Each Disbursement this Period 5.00
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB15314
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: PATRICIA PLUMER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name CROWLEY, SHIELA, , ,		
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: VA	District: 98	Amount of Each Disbursement this Period 10.00
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB15313
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: KEENAN KELSEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name CROWLEY, SHIELA, , ,		
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: VA	District: 98	Amount of Each Disbursement this Period 100.00
<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	115.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB15316
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: ISABEL VALDES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name CROWLEY, SHIELA, , ,		
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: VA	District: 98	Amount of Each Disbursement this Period 10.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB15315
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name CROWLEY, SHIELA, , ,		
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: VA	District: 98	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB15346
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: ANN DEHOVITZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name CROWLEY, SHIELA, , ,		
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: VA	District: 98	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

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

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

20.00
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB15344
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: HOLLY SCHNEIDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name CROWLEY, SHIELA, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 98	Amount of Each Disbursement this Period 5.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB15345
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: ROBERTA SPALTER-ROTH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name CROWLEY, SHIELA, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 98	Amount of Each Disbursement this Period 5.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. ELIZABETH GUZMAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address PO BOX 1818		FEC Identification Number C [REDACTED] Transaction ID : EXPB15369
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: ELIZABETH ARNDORFER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name GUZMAN, ELIZABETH, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 31	Amount of Each Disbursement this Period 100.00	
		<input type="checkbox"/> Memo Item

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

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

110.00
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: DOM ORR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C
24T
Category/ Type

Transaction ID : EXPB15371

Amount of Each Disbursement this Period

Candidate Name
GUZMAN, ELIZABETH, , ,

300.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

Memo Item

B. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: ANN DEHOVITZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C
24T
Category/ Type

Transaction ID : EXPB15328

Amount of Each Disbursement this Period

Candidate Name
GUZMAN, ELIZABETH, , ,

5.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

Memo Item

C. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: HOLLY SCHNEIDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C
24T
Category/ Type

Transaction ID : EXPB15326

Amount of Each Disbursement this Period

Candidate Name
GUZMAN, ELIZABETH, , ,

5.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

Memo Item

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

310.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: MELISSA MENGE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
GUZMAN, ELIZABETH, , ,

Category/Type

Transaction ID : **EXPB15370**

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

45.00

Memo Item

B. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: ROBERTA SPALTER-ROTH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
GUZMAN, ELIZABETH, , ,

Category/Type

Transaction ID : **EXPB15327**

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

5.00

Memo Item

C. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: DAVID DESJARDINS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
GUZMAN, ELIZABETH, , ,

Category/Type

Transaction ID : **EXPB15373**

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

200.00

Memo Item

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

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

250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH GUZMAN FOR DELEGATE

Mailing Address PO BOX 1818

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: AMY PEARL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C
Transaction ID : **EXPB15372**
Amount of Each Disbursement this Period
75.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH GUZMAN FOR DELEGATE

Mailing Address PO BOX 1818

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: PATRICIA PLUMER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C
Transaction ID : **EXPB15290**
Amount of Each Disbursement this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH GUZMAN FOR DELEGATE

Mailing Address PO BOX 1818

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: ISABEL VALDES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C
Transaction ID : **EXPB15292**
Amount of Each Disbursement this Period
10.00

Memo Item

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

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

95.00

**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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. ELIZABETH GUZMAN FOR DELEGATE

Mailing Address PO BOX 1818

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: KEENAN KELSEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GUZMAN, ELIZABETH, , ,

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

State: VA District: 31

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : **EXPB15289**

Amount of Each Disbursement this Period: 100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. ELIZABETH GUZMAN FOR DELEGATE

Mailing Address PO BOX 1818

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GUZMAN, ELIZABETH, , ,

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

State: VA District: 31

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : **EXPB15291**

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: MARY ARNDORFER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

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

State: VA District: 13

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : **EXPB15377**

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 130.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : **EXPB15295**

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: ISABEL VALDES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : **EXPB15296**

Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
C. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: PATRICIA PLUMER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : **EXPB15294**

Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 726

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City MANASSAS State VA Zip Code 20113

FEC Identification Number

Purpose of Disbursement
ERMK: KEENAN KELSEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB15293

Candidate Name
ROEM, DANICA, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

100.00

Memo Item

B. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 726

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City MANASSAS State VA Zip Code 20113

FEC Identification Number

Purpose of Disbursement
ERMK: HOLLY SCHNEIDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB15329

Candidate Name
ROEM, DANICA, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

5.00

Memo Item

C. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 726

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City MANASSAS State VA Zip Code 20113

FEC Identification Number

Purpose of Disbursement
ERMK: ROBERTA SPALTER-ROTH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB15330

Candidate Name
ROEM, DANICA, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

5.00

Memo Item

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

110.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: JOAN PIAGET-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB15375
Amount of Each Disbursement this Period: 50.00

Memo Item

Full Name (Last, First, Middle Initial)
B. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: ANN DEHOVITZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB15331
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: ELIZABETH ARNDORFER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB15374
Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 155.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: MELISSA MENGE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name **ROEM, DANICA, , ,**

24T
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 13

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15376
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: ANN DEHOVITZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name **CARROLL, JENNIFER, , ,**

24T
Category/
Type

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15334
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: HOLLY SCHNEIDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name **CARROLL, JENNIFER, , ,**

24T
Category/
Type

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15332
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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City: WOODBRIDGE State: CA Zip Code: 22191

Purpose of Disbursement: ERMK: DAVID DESJARDINS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: **CARROLL, JENNIFER, , ,**

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

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C []
Transaction ID : EXPB15383
 Amount of Each Disbursement this Period
 [] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City: WOODBRIDGE State: CA Zip Code: 22191

Purpose of Disbursement: ERMK: ROBERTA SPALTER-ROTH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: **CARROLL, JENNIFER, , ,**

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

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C []
Transaction ID : EXPB15333
 Amount of Each Disbursement this Period
 [] 5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City: WOODBRIDGE State: CA Zip Code: 22191

Purpose of Disbursement: ERMK: AMY PEARL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: **CARROLL, JENNIFER, , ,**

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

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C []
Transaction ID : EXPB15382
 Amount of Each Disbursement this Period
 [] 25.00

Memo Item

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

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

[] 230.00
 []

**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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City: WOODBRIDGE State: CA Zip Code: 22191

Purpose of Disbursement
ERMK: DOM ORR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/
Type

Candidate Name
CARROLL, JENNIFER, , ,

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 01 / 2017

FEC Identification Number

C
Transaction ID : EXPB15381
Amount of Each Disbursement this Period
300.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City: WOODBRIDGE State: CA Zip Code: 22191

Purpose of Disbursement
ERMK: ISABEL VALDES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/
Type

Candidate Name
CARROLL, JENNIFER, , ,

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 01 / 2017

FEC Identification Number

C
Transaction ID : EXPB15300
Amount of Each Disbursement this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City: WOODBRIDGE State: CA Zip Code: 22191

Purpose of Disbursement
ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/
Type

Candidate Name
CARROLL, JENNIFER, , ,

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 01 / 2017

FEC Identification Number

C
Transaction ID : EXPB15299
Amount of Each Disbursement this Period
5.00

Memo Item

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

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

315.00

**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"/> 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)
WOMENCOUNT PAC

A. JENNIFER CARROL FOY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2715 MCGUFFEYS CT.

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City: WOODBRIDGE State: CA Zip Code: 22191
Purpose of Disbursement: ERMK: ELIZABETH ARNDORFER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

FEC Identification Number

Candidate Name: CARROLL, JENNIFER, , ,
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

C []
Transaction ID : EXPB15378
Amount of Each Disbursement this Period: [] 100.00

State: VA District: 02

Memo Item

B. JENNIFER CARROL FOY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2715 MCGUFFEYS CT.

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City: WOODBRIDGE State: CA Zip Code: 22191
Purpose of Disbursement: ERMK: MARY ARNDORFER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

FEC Identification Number

Candidate Name: CARROLL, JENNIFER, , ,
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

C []
Transaction ID : EXPB15380
Amount of Each Disbursement this Period: [] 25.00

State: VA District: 02

Memo Item

C. JENNIFER CARROL FOY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2715 MCGUFFEYS CT.

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City: WOODBRIDGE State: CA Zip Code: 22191
Purpose of Disbursement: ERMK: PATRICIA PLUMER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

FEC Identification Number

Candidate Name: CARROLL, JENNIFER, , ,
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

C []
Transaction ID : EXPB15298
Amount of Each Disbursement this Period: [] 10.00

State: VA District: 02

Memo Item

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

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

[] 135.00

[]

**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"/> 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)
WOMENCOUNT PAC

A. JENNIFER CARROL FOY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2715 MCGUFFEYS CT.

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City WOODBRIDGE State CA Zip Code 22191

FEC Identification Number

Purpose of Disbursement
ERMK: MELISSA MENGE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
CARROLL, JENNIFER, , ,

Transaction ID : EXPB15379

Amount of Each Disbursement this Period

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

45.00

Memo Item

B. JENNIFER CARROL FOY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2715 MCGUFFEYS CT.

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City WOODBRIDGE State CA Zip Code 22191

FEC Identification Number

Purpose of Disbursement
ERMK: KEENAN KELSEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
CARROLL, JENNIFER, , ,

Transaction ID : EXPB15297

Amount of Each Disbursement this Period

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

100.00

Memo Item

C. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

Purpose of Disbursement
ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
DELANEY, KARRIE, , ,

Transaction ID : EXPB15283

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

5.00

Memo Item

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

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

150.00

**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"/> 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)
WOMENCOUNT PAC

A. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)
KARRIE DELANEY FOR DELEGATE

Date of Disbursement: 11 / 01 / 2017

Mailing Address: PO BOX 230542

City: CENTREVILLE State: VA Zip Code: 20120

Purpose of Disbursement: ERMK: MELISSA MENGE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: DELANEY, KARRIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 67

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB15363

Amount of Each Disbursement this Period: 45.00

Memo Item

B. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)
KARRIE DELANEY FOR DELEGATE

Date of Disbursement: 11 / 01 / 2017

Mailing Address: PO BOX 230542

City: CENTREVILLE State: VA Zip Code: 20120

Purpose of Disbursement: ERMK: MARY ARNDORFER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: DELANEY, KARRIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 67

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB15364

Amount of Each Disbursement this Period: 25.00

Memo Item

C. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)
KARRIE DELANEY FOR DELEGATE

Date of Disbursement: 11 / 01 / 2017

Mailing Address: PO BOX 230542

City: CENTREVILLE State: VA Zip Code: 20120

Purpose of Disbursement: ERMK: ELIZABETH ARNDORFER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: DELANEY, KARRIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 67

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB15362

Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 170.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

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

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

Purpose of Disbursement
ERMK: KEENAN KELSEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB15281

Candidate Name
DELANEY, KARRIE, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 67

Disbursement For: Primary General Other (specify) ▼

100.00

Memo Item

B. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

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

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

Purpose of Disbursement
ERMK: PATRICIA PLUMER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB15282

Candidate Name
DELANEY, KARRIE, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 67

Disbursement For: Primary General Other (specify) ▼

10.00

Memo Item

C. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

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

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

Purpose of Disbursement
ERMK: AMY PEARL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB15366

Candidate Name
DELANEY, KARRIE, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 67

Disbursement For: Primary General Other (specify) ▼

25.00

Memo Item

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

135.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City: CENTREVILLE State: VA Zip Code: 20120

Purpose of Disbursement: ERMK: DOM ORR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: DELANEY, KARRIE, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C [REDACTED]
Transaction ID : EXPB15365
 Amount of Each Disbursement this Period
 [REDACTED] 300.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City: CENTREVILLE State: VA Zip Code: 20120

Purpose of Disbursement: ERMK: ROBERTA SPALTER-ROTH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: DELANEY, KARRIE, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C [REDACTED]
Transaction ID : EXPB15321
 Amount of Each Disbursement this Period
 [REDACTED] 5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City: CENTREVILLE State: VA Zip Code: 20120

Purpose of Disbursement: ERMK: ISABEL VALDES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: DELANEY, KARRIE, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C [REDACTED]
Transaction ID : EXPB15284
 Amount of Each Disbursement this Period
 [REDACTED] 10.00

Memo Item

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

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

[REDACTED] 315.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: MARY JOYCE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C
Transaction ID : **EXPB15367**
Amount of Each Disbursement this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: ANN DEHOVITZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C
Transaction ID : **EXPB15322**
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: DAVID DESJARDINS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C
Transaction ID : **EXPB15368**
Amount of Each Disbursement this Period
200.00

Memo Item

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

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

230.00

**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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City: CENTREVILLE State: VA Zip Code: 20120

Purpose of Disbursement: ERMK: HOLLY SCHNEIDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: DELANEY, KARRIE, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C [REDACTED]
Transaction ID : EXPB15320
 Amount of Each Disbursement this Period
 [REDACTED] 5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City: MCLEAN State: VA Zip Code: 22101

Purpose of Disbursement: ERMK: DOM ORR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: MURPHY, KATHLEEN, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 34

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C [REDACTED]
Transaction ID : EXPB15359
 Amount of Each Disbursement this Period
 [REDACTED] 300.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City: MCLEAN State: VA Zip Code: 22101

Purpose of Disbursement: ERMK: DAVID DESJARDINS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: MURPHY, KATHLEEN, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 34

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C [REDACTED]
Transaction ID : EXPB15361
 Amount of Each Disbursement this Period
 [REDACTED] 200.00

Memo Item

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

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

[REDACTED] 505.00
 [REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KATHLEEN MURPHY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

Mailing Address PO BOX 146

City
MCLEAN

State
VA

Zip Code
22101

FEC Identification Number

C

Purpose of Disbursement
ERMK: AMY PEARL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Transaction ID : EXPB15360

Candidate Name
MURPHY, KATHLEEN, , ,

Category/
Type

Amount of Each Disbursement this Period

25.00

Office Sought: House
 Senate
 President

State: VA District: 34

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. KATHLEEN MURPHY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

Mailing Address PO BOX 146

City
MCLEAN

State
VA

Zip Code
22101

FEC Identification Number

C

Purpose of Disbursement
ERMK: KEENAN KELSEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Transaction ID : EXPB15277

Candidate Name
MURPHY, KATHLEEN, , ,

Category/
Type

Amount of Each Disbursement this Period

100.00

Office Sought: House
 Senate
 President

State: VA District: 34

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. KATHLEEN MURPHY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

Mailing Address PO BOX 146

City
MCLEAN

State
VA

Zip Code
22101

FEC Identification Number

C

Purpose of Disbursement
ERMK: ISABEL VALDES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Transaction ID : EXPB15280

Candidate Name
MURPHY, KATHLEEN, , ,

Category/
Type

Amount of Each Disbursement this Period

10.00

Office Sought: House
 Senate
 President

State: VA District: 34

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

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

135.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
ERMK: ANN DEHOVITZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MURPHY, KATHLEEN, , ,

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

State: VA District: 34

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB15319
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
ERMK: HOLLY SCHNEIDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MURPHY, KATHLEEN, , ,

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

State: VA District: 34

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB15317
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
ERMK: ROBERTA SPALTER-ROTH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MURPHY, KATHLEEN, , ,

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

State: VA District: 34

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB15318
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KATHLEEN MURPHY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

Mailing Address PO BOX 146

City MCLEAN State VA Zip Code 22101

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
ERMK: PATRICIA PLUMER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Transaction ID : EXPB15278

Candidate Name
MURPHY, KATHLEEN, , ,

Category/Type

Amount of Each Disbursement this Period

[REDACTED] 10.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 34

Memo Item

Full Name (Last, First, Middle Initial)

B. KATHLEEN MURPHY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

Mailing Address PO BOX 146

City MCLEAN State VA Zip Code 22101

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Transaction ID : EXPB15279

Candidate Name
MURPHY, KATHLEEN, , ,

Category/Type

Amount of Each Disbursement this Period

[REDACTED] 5.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 34

Memo Item

Full Name (Last, First, Middle Initial)

C. KATHY TRAN FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

Mailing Address PO BOX 2731

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
ERMK: MARY JOYCE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Transaction ID : EXPB15389

Candidate Name
TRAN, KATHY, , ,

Category/Type

Amount of Each Disbursement this Period

[REDACTED] 25.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 42

Memo Item

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

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

[REDACTED] 40.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: ISABEL VALDES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C [REDACTED]

Candidate Name
TRAN, KATHY, , ,

Category/
Type

Transaction ID : **EXPB15304**

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: VA District: 42

Disbursement For:
 Primary General
 Other (specify) ▼

[REDACTED] 10.00

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: PATRICIA PLUMER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C [REDACTED]

Candidate Name
TRAN, KATHY, , ,

Category/
Type

Transaction ID : **EXPB15302**

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: VA District: 42

Disbursement For:
 Primary General
 Other (specify) ▼

[REDACTED] 10.00

Memo Item

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: CAROLYN MOORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C [REDACTED]

Candidate Name
TRAN, KATHY, , ,

Category/
Type

Transaction ID : **EXPB15388**

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: VA District: 42

Disbursement For:
 Primary General
 Other (specify) ▼

[REDACTED] 75.00

Memo Item

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

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

[REDACTED] 95.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB15303
Amount of Each Disbursement this Period
5.00

Candidate Name
TRAN, KATHY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 42

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: ELIZABETH ARNDORFER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB15384
Amount of Each Disbursement this Period
100.00

Candidate Name
TRAN, KATHY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 42

Memo Item

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: KEENAN KELSEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB15301
Amount of Each Disbursement this Period
100.00

Candidate Name
TRAN, KATHY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 42

Memo Item

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

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

205.00

**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"/> 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)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			01			2017					

City
SPRINGFIELD

State
VA

Zip Code
22152

FEC Identification Number

Purpose of Disbursement
ERMK: DAVID DESJARDINS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB15390

Candidate Name
TRAN, KATHY, , ,

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

200.00

State: VA District: 42

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			01			2017					

City
SPRINGFIELD

State
VA

Zip Code
22152

FEC Identification Number

Purpose of Disbursement
ERMK: MELISSA MENGE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB15385

Candidate Name
TRAN, KATHY, , ,

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

45.00

State: VA District: 42

Memo Item

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			01			2017					

City
SPRINGFIELD

State
VA

Zip Code
22152

FEC Identification Number

Purpose of Disbursement
ERMK: ANN DEHOVITZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB15337

Candidate Name
TRAN, KATHY, , ,

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

5.00

State: VA District: 42

Memo Item

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

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

250.00

**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"/> 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)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: DOM ORR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
TRAN, KATHY, , ,

Transaction ID : **EXPB15386**

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period

300.00

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: ROBERTA SPALTER-ROTH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
TRAN, KATHY, , ,

Transaction ID : **EXPB15336**

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period

5.00

Memo Item

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: HOLLY SCHNEIDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
TRAN, KATHY, , ,

Transaction ID : **EXPB15335**

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period

5.00

Memo Item

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

310.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2731

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement ERMK: AMY PEARL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
TRAN, KATHY, , ,

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

24T
Category/Type

Date of Disbursement
MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number
C
Transaction ID : **EXPB15387**
Amount of Each Disbursement this Period
50.00

Memo Item

B. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address 112 BELL CREEK DRIVE

City STAUNTON State VA Zip Code 24401

Purpose of Disbursement ERMK: PATRICIA PLUMER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
EDWARDS, MICHELLE, , ,

Office Sought: House Senate President
State: VA District: 20

Disbursement For: Primary General Other (specify) ▼

24T
Category/Type

Date of Disbursement
MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number
C
Transaction ID : **EXPB15306**
Amount of Each Disbursement this Period
10.00

Memo Item

C. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address 112 BELL CREEK DRIVE

City STAUNTON State VA Zip Code 24401

Purpose of Disbursement ERMK: ANN DEHOVITZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
EDWARDS, MICHELLE, , ,

Office Sought: House Senate President
State: VA District: 20

Disbursement For: Primary General Other (specify) ▼

24T
Category/Type

Date of Disbursement
MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number
C
Transaction ID : **EXPB15340**
Amount of Each Disbursement this Period
5.00

Memo Item

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

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

65.00

**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"/> 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)
WOMENCOUNT PAC

A. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City STAUNTON State VA Zip Code 24401

FEC Identification Number

Purpose of Disbursement
ERMK: KEENAN KELSEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB15305

Candidate Name
EDWARDS, MICHELLE, , ,

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

100.00

Memo Item

B. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City STAUNTON State VA Zip Code 24401

FEC Identification Number

Purpose of Disbursement
ERMK: ROBERTA SPALTER-ROTH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB15339

Candidate Name
EDWARDS, MICHELLE, , ,

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

5.00

Memo Item

C. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City STAUNTON State VA Zip Code 24401

FEC Identification Number

Purpose of Disbursement
ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB15307

Candidate Name
EDWARDS, MICHELLE, , ,

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

5.00

Memo Item

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

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

110.00

**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"/> 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)
WOMENCOUNT PAC

A. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address 112 BELL CREEK DRIVE

City STAUNTON State VA Zip Code 24401

Purpose of Disbursement ERMK: HOLLY SCHNEIDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name EDWARDS, MICHELLE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C
Transaction ID : EXPB15338
Amount of Each Disbursement this Period
5.00

Memo Item

B. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address 112 BELL CREEK DRIVE

City STAUNTON State VA Zip Code 24401

Purpose of Disbursement ERMK: ISABEL VALDES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name EDWARDS, MICHELLE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C
Transaction ID : EXPB15308
Amount of Each Disbursement this Period
10.00

Memo Item

C. MORGAN GOODMAN FOR VIRGINIA

Full Name (Last, First, Middle Initial)

Mailing Address 9468 MANORWOOD DRIVE

City MECHANICSVILLE State VA Zip Code 23116

Purpose of Disbursement ERMK: ANN DEHOVITZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name GOODMAN, MORGAN, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 55

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C
Transaction ID : EXPB15343
Amount of Each Disbursement this Period
5.00

Memo Item

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

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

20.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB15342
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: ROBERTA SPALTER-ROTH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name GOODMAN, MORGAN, , ,		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 55	Amount of Each Disbursement this Period 5.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB15341
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: HOLLY SCHNEIDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name GOODMAN, MORGAN, , ,		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 55	Amount of Each Disbursement this Period 5.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB15309
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: KEENAN KELSEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name GOODMAN, MORGAN, , ,		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 55	Amount of Each Disbursement this Period 100.00	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB15310
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: PATRICIA PLUMER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name GOODMAN, MORGAN, , ,		
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: VA	District: 55	Amount of Each Disbursement this Period 10.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB15311
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name GOODMAN, MORGAN, , ,		
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: VA	District: 55	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB15312
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: ISABEL VALDES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name GOODMAN, MORGAN, , ,		
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: VA	District: 55	Amount of Each Disbursement this Period 10.00
		<input type="checkbox"/> Memo Item

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

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

25.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. ADAMS4DELEGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 25331		FEC Identification Number C [REDACTED] Transaction ID : EXPB16128
City RICHMOND	State VA	Zip Code 23260
Purpose of Disbursement ERMK: BRENDA WILLETT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name ADAMS, DAWN, , ,		
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: 68	Amount of Each Disbursement this Period 5.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ADAMS4DELEGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 25331		FEC Identification Number C [REDACTED] Transaction ID : EXPB16127
City RICHMOND	State VA	Zip Code 23260
Purpose of Disbursement ERMK: NANCY GOLDBERG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name ADAMS, DAWN, , ,		
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: 68	Amount of Each Disbursement this Period 5.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16196
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: CYNTHIA SEARS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name AYALA, HALA, , ,		
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: VA District: 51	Amount of Each Disbursement this Period 51.43	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	61.43
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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16193 Amount of Each Disbursement this Period 5.00
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: YVONNE DEGGELMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name AYALA, HALA, , ,		
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: VA	District: 51	

Full Name (Last, First, Middle Initial) B. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16192 Amount of Each Disbursement this Period 10.00
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: TRACY SHERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name AYALA, HALA, , ,		
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: VA	District: 51	

Full Name (Last, First, Middle Initial) C. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16194 Amount of Each Disbursement this Period 15.00
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: FELICITY TAUBMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name AYALA, HALA, , ,		
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: VA	District: 51	

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

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

30.00

**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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16195
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: MONICA NESTER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T Category/Type
Candidate Name AYALA, HALA, , ,		Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 51	

Full Name (Last, First, Middle Initial) B. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16191
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: LINDA SCHUCK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T Category/Type
Candidate Name AYALA, HALA, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 51	

Full Name (Last, First, Middle Initial) C. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16190
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: JO-ANNE STENGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T Category/Type
Candidate Name AYALA, HALA, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 51	

SUBTOTAL of Disbursements This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16188
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: DAN QUINN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name AYALA, HALA, , ,		Amount of Each Disbursement this Period 30.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 51	

Full Name (Last, First, Middle Initial) B. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16198
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: WENDY HAFKENSCHIEL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name AYALA, HALA, , ,		Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 51	

Full Name (Last, First, Middle Initial) C. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16183
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: ANN MCCARTHY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name AYALA, HALA, , ,		Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 51	

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

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

540.00

**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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16184 Amount of Each Disbursement this Period [REDACTED] 35.71
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: DIANE CARR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name AYALA, HALA, , ,		
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: VA	District: 51	

Full Name (Last, First, Middle Initial) B. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16189 Amount of Each Disbursement this Period [REDACTED] 5.00
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: VANESSA JOHNSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name AYALA, HALA, , ,		
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: VA	District: 51	

Full Name (Last, First, Middle Initial) C. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16185 Amount of Each Disbursement this Period [REDACTED] 30.00
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: DAN QUINN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name AYALA, HALA, , ,		
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: VA	District: 51	

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

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

[REDACTED] 70.71
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16187
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: NANCY GOLDBERG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name AYALA, HALA, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 51	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16186
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: DON AND LESLIE BUSH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name AYALA, HALA, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 51	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16199
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: SHIRLEY CLAYTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name AYALA, HALA, , ,		Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 51	<input type="checkbox"/> Memo Item	

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

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

35.00

**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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16197
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: JUDITH OSTAPIK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name AYALA, HALA, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 51	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16201
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: CAROL SONTAG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name AYALA, HALA, , ,		Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 51	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16200
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: MARYANN SAUNDERS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name AYALA, HALA, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 51	<input type="checkbox"/> Memo Item	

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

20.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16208
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: LESLIE FIELD-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name AYALA, HALA, , ,		
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: VA District: 51	Amount of Each Disbursement this Period [REDACTED] 5.00	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16207
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name AYALA, HALA, , ,		
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: VA District: 51	Amount of Each Disbursement this Period [REDACTED] 71.43	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16205
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: DAVID KAUFMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name AYALA, HALA, , ,		
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: VA District: 51	Amount of Each Disbursement this Period [REDACTED] 25.00	
<input type="checkbox"/> Memo Item		

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

[REDACTED] 101.43

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16206
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: WINNIE WAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name AYALA, HALA, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 51	

Full Name (Last, First, Middle Initial) B. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16204
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: BRENDA WILLETT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name AYALA, HALA, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 51	

Full Name (Last, First, Middle Initial) C. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB16203
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: LAURA KAVANAUGH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name AYALA, HALA, , ,		Amount of Each Disbursement this Period 15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 51	

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

25.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. AYALA FOR DELGATE

Full Name (Last, First, Middle Initial)
AYALA FOR DELGATE

Date of Disbursement: 11 / 08 / 2017

Mailing Address P.O. BOX 7434

City: WOODBRIDGE State: VA Zip Code: 22195

Purpose of Disbursement: ERMK: REBECCA FLYNN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: AYALA, HALA, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 51

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB16202

Amount of Each Disbursement this Period: 15.00

Memo Item

B. CHERYL TURPIN FOR VIRGINIA BEACH

Full Name (Last, First, Middle Initial)
CHERYL TURPIN FOR VIRGINIA BEACH

Date of Disbursement: 11 / 08 / 2017

Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189

City: VIRGINIA BEACH State: VA Zip Code: 23462

Purpose of Disbursement: ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: TURPIN, CHERYL, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 85

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB16001

Amount of Each Disbursement this Period: 5.00

Memo Item

C. CHERYL TURPIN FOR VIRGINIA BEACH

Full Name (Last, First, Middle Initial)
CHERYL TURPIN FOR VIRGINIA BEACH

Date of Disbursement: 11 / 08 / 2017

Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189

City: VIRGINIA BEACH State: VA Zip Code: 23462

Purpose of Disbursement: ERMK: BARBARA SCHIFFLER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: TURPIN, CHERYL, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 85

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB16000

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB15999
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: MARJORIE LOVELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TURPIN, CHERYL, , ,		
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: VA	District: 85	Amount of Each Disbursement this Period 5.00
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB15998
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TURPIN, CHERYL, , ,		
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: VA	District: 85	Amount of Each Disbursement this Period 100.00
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB15994
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TURPIN, CHERYL, , ,		
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: VA	District: 85	Amount of Each Disbursement this Period 20.00
<input type="checkbox"/> Memo Item		

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

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

125.00

**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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB15993
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: COURTNEY MOORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name TURPIN, CHERYL, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 85	Amount of Each Disbursement this Period 15.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB16002
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: ELISABETH DUTTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name TURPIN, CHERYL, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 85	Amount of Each Disbursement this Period 10.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB15995
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: FLORA RESNICK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name TURPIN, CHERYL, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 85	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

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

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

30.00

**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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB15992
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: DONNA MAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TURPIN, CHERYL, , ,		
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: VA	District: 85	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB15996
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: KAREN CAIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TURPIN, CHERYL, , ,		
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: VA	District: 85	Amount of Each Disbursement this Period 10.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB15997
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: SUSAN LUCAS-CONWELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TURPIN, CHERYL, , ,		
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: VA	District: 85	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

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

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

20.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB16229
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: ELISABETH DUTTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name CROWLEY, SHIELA, , ,		
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: VA District: 98	Amount of Each Disbursement this Period [REDACTED] 10.00	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB16226
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name CROWLEY, SHIELA, , ,		
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: VA District: 98	Amount of Each Disbursement this Period [REDACTED] 100.00	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB16225
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: SUSAN LUCAS-CONWELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name CROWLEY, SHIELA, , ,		
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: VA District: 98	Amount of Each Disbursement this Period [REDACTED] 5.00	
<input type="checkbox"/> Memo Item		

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

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

[REDACTED] 115.00
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB16224
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: KAREN CAIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T Category/ Type
Candidate Name CROWLEY, SHIELA, , ,		Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 98	

Full Name (Last, First, Middle Initial) B. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB16228
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T Category/ Type
Candidate Name CROWLEY, SHIELA, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 98	

Full Name (Last, First, Middle Initial) C. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB16223
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: FLORA RESNICK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T Category/ Type
Candidate Name CROWLEY, SHIELA, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 98	

SUBTOTAL of Disbursements This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED]
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: COURTNEY MOORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name CROWLEY, SHIELA, , ,		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 98	Amount of Each Disbursement this Period 15.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED]
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: DONNA MAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name CROWLEY, SHIELA, , ,		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 98	Amount of Each Disbursement this Period 5.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED]
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name CROWLEY, SHIELA, , ,		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 98	Amount of Each Disbursement this Period 20.00	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶	40.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB16227
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: MARJORIE LOVELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name CROWLEY, SHIELA, , ,		
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: VA	District: 98	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ELIZABETH GUZMAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 1818		FEC Identification Number C [REDACTED] Transaction ID : EXPB16021
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name GUZMAN, ELIZABETH, , ,		
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: VA	District: 31	Amount of Each Disbursement this Period 100.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. ELIZABETH GUZMAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 1818		FEC Identification Number C [REDACTED] Transaction ID : EXPB16018
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: MARJORIE LOVELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name GUZMAN, ELIZABETH, , ,		
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: VA	District: 31	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

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

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

110.00

**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"/> 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)
WOMENCOUNT PAC

A. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement ERMK: VANESSA JOHNSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name **GUZMAN, ELIZABETH, , ,**

24T

C

Transaction ID : EXPB16022

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

5.00

Memo Item

B. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement ERMK: JO-ANNE STENGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name **GUZMAN, ELIZABETH, , ,**

24T

C

Transaction ID : EXPB16023

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

5.00

Memo Item

C. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name **GUZMAN, ELIZABETH, , ,**

24T

C

Transaction ID : EXPB16019

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

5.00

Memo Item

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			08			2017					

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: LINDA SCHUCK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB16024

Candidate Name
GUZMAN, ELIZABETH, , ,

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

5.00

Memo Item

B. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			08			2017					

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: TRACY SHERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB16026

Candidate Name
GUZMAN, ELIZABETH, , ,

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

10.00

Memo Item

C. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			08			2017					

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: YVONNE DEGGELMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB16027

Candidate Name
GUZMAN, ELIZABETH, , ,

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

5.00

Memo Item

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

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

20.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. ELIZABETH GUZMAN FOR DELEGATE

Mailing Address PO BOX 1818

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: LAURA KAVANAUGH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GUZMAN, ELIZABETH, , ,

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

State: VA District: 31

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : **EXPB16025**

Amount of Each Disbursement this Period: 15.00

Memo Item

Full Name (Last, First, Middle Initial)
B. ELIZABETH GUZMAN FOR DELEGATE

Mailing Address PO BOX 1818

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: DAN QUINN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GUZMAN, ELIZABETH, , ,

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

State: VA District: 31

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : **EXPB16020**

Amount of Each Disbursement this Period: 30.00

Memo Item

Full Name (Last, First, Middle Initial)
C. ELIZABETH GUZMAN FOR DELEGATE

Mailing Address PO BOX 1818

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: SHIRLEY CLAYTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GUZMAN, ELIZABETH, , ,

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

State: VA District: 31

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : **EXPB16033**

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 70.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: MONICA NESTER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/ Type

C

Transaction ID : **EXPB16029**
Amount of Each Disbursement this Period

Candidate Name
GUZMAN, ELIZABETH, , ,

10.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

Memo Item

B. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/ Type

C

Transaction ID : **EXPB16041**
Amount of Each Disbursement this Period

Candidate Name
GUZMAN, ELIZABETH, , ,

100.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

Memo Item

C. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: WINNIE WAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/ Type

C

Transaction ID : **EXPB16040**
Amount of Each Disbursement this Period

Candidate Name
GUZMAN, ELIZABETH, , ,

5.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

115.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
GUZMAN, ELIZABETH, , ,

Transaction ID : **EXPB16042**

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

71.43

Memo Item

B. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: NANCY GOLDBERG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
GUZMAN, ELIZABETH, , ,

Transaction ID : **EXPB16017**

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

5.00

Memo Item

C. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: LESLIE FIELD-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
GUZMAN, ELIZABETH, , ,

Transaction ID : **EXPB16043**

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

81.43

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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH GUZMAN FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

Mailing Address PO BOX 1818

FEC Identification Number

C [REDACTED]

Transaction ID : **EXPB16039**

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

City
WOODBIDGE

State
VA

Zip Code
22195

Purpose of Disbursement
ERMK: DAVID KAUFMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T

Candidate Name
GUZMAN, ELIZABETH, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: VA District: 31

Full Name (Last, First, Middle Initial)

B. ELIZABETH GUZMAN FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

Mailing Address PO BOX 1818

FEC Identification Number

C [REDACTED]

Transaction ID : **EXPB16028**

Amount of Each Disbursement this Period

[REDACTED] 5.00

Memo Item

City
WOODBIDGE

State
VA

Zip Code
22195

Purpose of Disbursement
ERMK: BRENDA WILLETT-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T

Candidate Name
GUZMAN, ELIZABETH, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: VA District: 31

Full Name (Last, First, Middle Initial)

C. ELIZABETH GUZMAN FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

Mailing Address PO BOX 1818

FEC Identification Number

C [REDACTED]

Transaction ID : **EXPB16038**

Amount of Each Disbursement this Period

[REDACTED] 10.00

Memo Item

City
WOODBIDGE

State
VA

Zip Code
22195

Purpose of Disbursement
ERMK: ELISABETH DUTTON-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T

Candidate Name
GUZMAN, ELIZABETH, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: VA District: 31

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 40.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: REBECCA FLYNN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C
24T
Category/ Type

Transaction ID : EXPB16036
Amount of Each Disbursement this Period
15.00

Candidate Name
GUZMAN, ELIZABETH, , ,

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: VA District: 31	

Memo Item

B. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: CYNTHIA SEARS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C
24T
Category/ Type

Transaction ID : EXPB16030
Amount of Each Disbursement this Period
51.43

Candidate Name
GUZMAN, ELIZABETH, , ,

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: VA District: 31	

Memo Item

C. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: FELICITY TAUBMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C
24T
Category/ Type

Transaction ID : EXPB16037
Amount of Each Disbursement this Period
15.00

Candidate Name
GUZMAN, ELIZABETH, , ,

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: VA District: 31	

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

81.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: JUDITH OSTAPIK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB16031

Candidate Name
GUZMAN, ELIZABETH, , ,

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 31

Disbursement For: Primary General Other (specify) ▼

5.00

Memo Item

B. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: CAROL SONTAG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB16035

Candidate Name
GUZMAN, ELIZABETH, , ,

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 31

Disbursement For: Primary General Other (specify) ▼

10.00

Memo Item

C. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: MARYANN SAUNDERS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB16034

Candidate Name
GUZMAN, ELIZABETH, , ,

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 31

Disbursement For: Primary General Other (specify) ▼

5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

20.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
Date of Disbursement: 11 / 08 / 2017

Mailing Address PO BOX 1818

City: WOODBRIDGE State: VA Zip Code: 22195

Purpose of Disbursement: ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT
NOT AFFECTED
Candidate Name: GUZMAN, ELIZABETH, , ,
Category/Type: 24T

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

FEC Identification Number: C
Transaction ID: EXPB16016
Amount of Each Disbursement this Period: 100.00

Memo Item

B. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
Date of Disbursement: 11 / 08 / 2017

Mailing Address PO BOX 1818

City: WOODBRIDGE State: VA Zip Code: 22195

Purpose of Disbursement: ERMK: SUSAN LUCAS-CONWELL-TRANSMITTED BY CHECK. PAC LIMIT
NOT AFFECTED
Candidate Name: GUZMAN, ELIZABETH, , ,
Category/Type: 24T

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

FEC Identification Number: C
Transaction ID: EXPB16015
Amount of Each Disbursement this Period: 5.00

Memo Item

C. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
Date of Disbursement: 11 / 08 / 2017

Mailing Address PO BOX 1818

City: WOODBRIDGE State: VA Zip Code: 22195

Purpose of Disbursement: ERMK: WENDY HAFKENSCHIEL-TRANSMITTED BY CHECK. PAC LIMIT
NOT AFFECTED
Candidate Name: GUZMAN, ELIZABETH, , ,
Category/Type: 24T

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

FEC Identification Number: C
Transaction ID: EXPB16032
Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 115.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH GUZMAN FOR DELEGATE

Mailing Address PO BOX 1818

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: FLORA RESNICK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB16013
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH GUZMAN FOR DELEGATE

Mailing Address PO BOX 1818

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: ANN MCCARTHY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB16004
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH GUZMAN FOR DELEGATE

Mailing Address PO BOX 1818

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: DIANE CARR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB16005
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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH GUZMAN FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

Mailing Address PO BOX 1818

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB16014

Amount of Each Disbursement this Period

[REDACTED] 10.00

Memo Item

City: WOODBRIDGE State: VA Zip Code: 22195

Purpose of Disbursement: ERMK: KAREN CAIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Category/Type

Candidate Name

GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 31

Full Name (Last, First, Middle Initial)

B. ELIZABETH GUZMAN FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

Mailing Address PO BOX 1818

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB16007

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

City: WOODBRIDGE State: VA Zip Code: 22195

Purpose of Disbursement: ERMK: BRUCE FRAM-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Category/Type

Candidate Name

GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 31

Full Name (Last, First, Middle Initial)

C. ELIZABETH GUZMAN FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

Mailing Address PO BOX 1818

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB16008

Amount of Each Disbursement this Period

[REDACTED] 5.00

Memo Item

City: WOODBRIDGE State: VA Zip Code: 22195

Purpose of Disbursement: ERMK: DONNA MAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Category/Type

Candidate Name

GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 31

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 40.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. ELIZABETH GUZMAN FOR DELEGATE

Mailing Address PO BOX 1818

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: DAN QUINN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 31

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C
Transaction ID : **EXPB16006**
Amount of Each Disbursement this Period: 30.00

Memo Item

Full Name (Last, First, Middle Initial)
B. ELIZABETH GUZMAN FOR DELEGATE

Mailing Address PO BOX 1818

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: DON AND LESLIE BUSH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 31

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C
Transaction ID : **EXPB16010**
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. ELIZABETH GUZMAN FOR DELEGATE

Mailing Address PO BOX 1818

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 31

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C
Transaction ID : **EXPB16011**
Amount of Each Disbursement this Period: 20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 55.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH GUZMAN FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	7		

Mailing Address PO BOX 1818

City: WOODBRIDGE State: VA Zip Code: 22195

Purpose of Disbursement: ERMK: VENKATRAM KUDITIPUDI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name: **GUZMAN, ELIZABETH, , ,**

FEC Identification Number

C

Transaction ID : **EXPB16012**
Amount of Each Disbursement this Period

25.00

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

Full Name (Last, First, Middle Initial)

B. ELIZABETH GUZMAN FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	7		

Mailing Address PO BOX 1818

City: WOODBRIDGE State: VA Zip Code: 22195

Purpose of Disbursement: ERMK: COURTNEY MOORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name: **GUZMAN, ELIZABETH, , ,**

FEC Identification Number

C

Transaction ID : **EXPB16009**
Amount of Each Disbursement this Period

15.00

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DANICA ROEM

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	7		

Mailing Address PO BOX 726

City: MANASSAS State: VA Zip Code: 20113

Purpose of Disbursement: ERMK: LAURA KAVANAUGH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name: **ROEM, DANICA, , ,**

FEC Identification Number

C

Transaction ID : **EXPB16064**
Amount of Each Disbursement this Period

15.00

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 13

SUBTOTAL of Disbursements This Page (optional)..... ▶

55.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: TRACY SHERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name ROEM, DANICA, , ,

24T
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 13

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C
Transaction ID : EXPB16065
Amount of Each Disbursement this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: YVONNE DEGGELMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name ROEM, DANICA, , ,

24T
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 13

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C
Transaction ID : EXPB16066
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: FELICITY TAUBMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name ROEM, DANICA, , ,

24T
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 13

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C
Transaction ID : EXPB16067
Amount of Each Disbursement this Period
15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30.00

**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"/> 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)
WOMENCOUNT PAC

A. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: LINDA SCHUCK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

24T
Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number
C
Transaction ID : EXPB16063
Amount of Each Disbursement this Period
5.00

Memo Item

B. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: DAN QUINN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

24T
Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number
C
Transaction ID : EXPB16059
Amount of Each Disbursement this Period
30.00

Memo Item

C. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: VANESSA JOHNSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

24T
Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number
C
Transaction ID : EXPB16061
Amount of Each Disbursement this Period
5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

40.00

**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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
ROEM, DANICA, , ,

24T
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 13

Date of Disbursement
MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number
C
Transaction ID : EXPB16058
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: JO-ANNE STENGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
ROEM, DANICA, , ,

24T
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 13

Date of Disbursement
MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number
C
Transaction ID : EXPB16062
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: MONICA NESTER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
ROEM, DANICA, , ,

24T
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 13

Date of Disbursement
MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number
C
Transaction ID : EXPB16068
Amount of Each Disbursement this Period
10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

20.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : **EXPB16060**

Amount of Each Disbursement this Period: 100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: CYNTHIA SEARS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : **EXPB16069**

Amount of Each Disbursement this Period: 51.43

Memo Item

Full Name (Last, First, Middle Initial)
C. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: CAROL SONTAG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : **EXPB16074**

Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 161.43

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"/> 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)
WOMENCOUNT PAC

A. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 726

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City MANASSAS State VA Zip Code 20113

FEC Identification Number

Purpose of Disbursement
ERMK: WENDY HAFKENSCHIEL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB16071
Amount of Each Disbursement this Period
10.00

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 13

Memo Item

B. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 726

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City MANASSAS State VA Zip Code 20113

FEC Identification Number

Purpose of Disbursement
ERMK: WINNIE WAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB16079
Amount of Each Disbursement this Period
5.00

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 13

Memo Item

C. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 726

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City MANASSAS State VA Zip Code 20113

FEC Identification Number

Purpose of Disbursement
ERMK: DAVID KAUFMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB16078
Amount of Each Disbursement this Period
25.00

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 13

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

40.00

**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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF DANICA ROEM		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 726		FEC Identification Number C [REDACTED]
City MANASSAS	State VA	Zip Code 20113
Purpose of Disbursement ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name ROEM, DANICA, , ,		Amount of Each Disbursement this Period 71.43
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) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 13	

Full Name (Last, First, Middle Initial) B. FRIENDS OF DANICA ROEM		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 726		FEC Identification Number C [REDACTED]
City MANASSAS	State VA	Zip Code 20113
Purpose of Disbursement ERMK: LESLIE FIELD-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name ROEM, DANICA, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 13	

Full Name (Last, First, Middle Initial) C. FRIENDS OF DANICA ROEM		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 726		FEC Identification Number C [REDACTED]
City MANASSAS	State VA	Zip Code 20113
Purpose of Disbursement ERMK: JUDITH OSTAPIK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name ROEM, DANICA, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 13	

SUBTOTAL of Disbursements This Page (optional)..... ▶	81.43
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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: ELISABETH DUTTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **ROEM, DANICA, , ,** Category/Type **24T**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: VA District: 13

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : **EXPB16077**

Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: REBECCA FLYNN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **ROEM, DANICA, , ,** Category/Type **24T**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: VA District: 13

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : **EXPB16075**

Amount of Each Disbursement this Period: 15.00

Memo Item

Full Name (Last, First, Middle Initial)
C. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: SHIRLEY CLAYTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **ROEM, DANICA, , ,** Category/Type **24T**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: VA District: 13

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : **EXPB16072**

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 50.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: BRENDA WILLETT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C
Transaction ID : **EXPB16076**

Amount of Each Disbursement this Period: 5.00

Memo Item

B. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: MARYANN SAUNDERS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C
Transaction ID : **EXPB16073**

Amount of Each Disbursement this Period: 5.00

Memo Item

C. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: MARJORIE LOVELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C
Transaction ID : **EXPB16057**

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

24T
Category/Type

Date of Disbursement
MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number
C
Transaction ID : EXPB16055
Amount of Each Disbursement this Period
100.00

Memo Item

B. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: SUSAN LUCAS-CONWELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

24T
Category/Type

Date of Disbursement
MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number
C
Transaction ID : EXPB16054
Amount of Each Disbursement this Period
5.00

Memo Item

C. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: NANCY GOLDBERG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

24T
Category/Type

Date of Disbursement
MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number
C
Transaction ID : EXPB16056
Amount of Each Disbursement this Period
5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

110.00

**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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: DIANE CARR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

24T
Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number
C
Transaction ID : EXPB16046
Amount of Each Disbursement this Period
35.71

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: KAREN CAIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

24T
Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number
C
Transaction ID : EXPB16053
Amount of Each Disbursement this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: DAN QUINN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

24T
Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number
C
Transaction ID : EXPB16047
Amount of Each Disbursement this Period
30.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

75.71

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: DONNA MAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : **EXPB16048**

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: ANN MCCARTHY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : **EXPB16045**

Amount of Each Disbursement this Period: 500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: COURTNEY MOORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : **EXPB16049**

Amount of Each Disbursement this Period: 15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 520.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : **EXPB16051**

Amount of Each Disbursement this Period: 20.00

Memo Item

Full Name (Last, First, Middle Initial)
B. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: FLORA RESNICK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : **EXPB16052**

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: DON AND LESLIE BUSH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : **EXPB16050**

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 30.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF WENDY GOODITIS		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 239 MT. PROSPECT LANE		FEC Identification Number C [REDACTED] Transaction ID : EXPB16130
City BOYCE	State VA	Zip Code 22620
Purpose of Disbursement ERMK: BRENDA WILLETT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name GOODITIS, WENDY, , ,		
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: VA	District: 10	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. FRIENDS OF WENDY GOODITIS		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 239 MT. PROSPECT LANE		FEC Identification Number C [REDACTED] Transaction ID : EXPB16129
City BOYCE	State VA	Zip Code 22620
Purpose of Disbursement ERMK: NANCY GOLDBERG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name GOODITIS, WENDY, , ,		
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: VA	District: 10	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. JENNIFER CARROL FOY FOR DELEGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 2715 MCGUFFEYS CT.		FEC Identification Number C [REDACTED] Transaction ID : EXPB16109
City WOODBIDGE	State CA	Zip Code 22191
Purpose of Disbursement ERMK: BRENDA WILLETT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name CARROLL, JENNIFER, , ,		
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: VA	District: 02	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City: WOODBRIDGE State: CA Zip Code: 22191

Purpose of Disbursement: ERMK: LINDA SCHUCK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C []
Transaction ID : EXPB16106
 Amount of Each Disbursement this Period
 [] 5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City: WOODBRIDGE State: CA Zip Code: 22191

Purpose of Disbursement: ERMK: LAURA KAVANAUGH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C []
Transaction ID : EXPB16107
 Amount of Each Disbursement this Period
 [] 15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City: WOODBRIDGE State: CA Zip Code: 22191

Purpose of Disbursement: ERMK: YVONNE DEGGELMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C []
Transaction ID : EXPB16108
 Amount of Each Disbursement this Period
 [] 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 25.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER CARROL FOY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

Mailing Address 2715 MCGUFFEYS CT.

City
WOODBIDGE

State
CA

Zip Code
22191

Purpose of Disbursement
ERMK: JO-ANNE STENGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name
CARROLL, JENNIFER, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: VA District: 02

FEC Identification Number

C [Redacted]
Transaction ID : EXPB16105
Amount of Each Disbursement this Period
[Redacted] 5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER CARROL FOY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

Mailing Address 2715 MCGUFFEYS CT.

City
WOODBIDGE

State
CA

Zip Code
22191

Purpose of Disbursement
ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name
CARROLL, JENNIFER, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: VA District: 02

FEC Identification Number

C [Redacted]
Transaction ID : EXPB16100
Amount of Each Disbursement this Period
[Redacted] 5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JENNIFER CARROL FOY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

Mailing Address 2715 MCGUFFEYS CT.

City
WOODBIDGE

State
CA

Zip Code
22191

Purpose of Disbursement
ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name
CARROLL, JENNIFER, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: VA District: 02

FEC Identification Number

C [Redacted]
Transaction ID : EXPB16103
Amount of Each Disbursement this Period
[Redacted] 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[Redacted] 110.00

TOTAL This Period (last page this line number only)..... ▶

[Redacted]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. JENNIFER CARROL FOY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: SUSAN LUCAS-CONWELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 02

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : **EXPB16098**

Amount of Each Disbursement this Period: 5.00

Memo Item

B. JENNIFER CARROL FOY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: VANESSA JOHNSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 02

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : **EXPB16104**

Amount of Each Disbursement this Period: 5.00

Memo Item

C. JENNIFER CARROL FOY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: MARJORIE LOVELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 02

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : **EXPB16099**

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. JENNIFER CARROL FOY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: BARBARA SCHIFFLER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB16102
 Amount of Each Disbursement this Period

Memo Item

B. JENNIFER CARROL FOY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: DAN QUINN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB16101
 Amount of Each Disbursement this Period

Memo Item

C. JENNIFER CARROL FOY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: NANCY GOLDBERG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB16097
 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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: ELISABETH DUTTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **CARROLL, JENNIFER, , ,** Category/Type **24T**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: VA District: 02

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : **EXPB16120**

Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **CARROLL, JENNIFER, , ,** Category/Type **24T**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: VA District: 02

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : **EXPB16124**

Amount of Each Disbursement this Period: 71.43

Memo Item

Full Name (Last, First, Middle Initial)
C. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: WENDY HAFKENSCHIEL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **CARROLL, JENNIFER, , ,** Category/Type **24T**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: VA District: 02

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : **EXPB16113**

Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 91.43

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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER CARROL FOY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

Mailing Address 2715 MCGUFFEYS CT.

FEC Identification Number

C [Redacted]

Transaction ID : EXPB16114

Amount of Each Disbursement this Period

[Redacted] 25.00

Memo Item

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: SHIRLEY CLAYTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name
CARROLL, JENNIFER, , ,

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 02

Full Name (Last, First, Middle Initial)

B. JENNIFER CARROL FOY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

Mailing Address 2715 MCGUFFEYS CT.

FEC Identification Number

C [Redacted]

Transaction ID : EXPB16112

Amount of Each Disbursement this Period

[Redacted] 5.00

Memo Item

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: JUDITH OSTAPIK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name
CARROLL, JENNIFER, , ,

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 02

Full Name (Last, First, Middle Initial)

C. JENNIFER CARROL FOY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

Mailing Address 2715 MCGUFFEYS CT.

FEC Identification Number

C [Redacted]

Transaction ID : EXPB16110

Amount of Each Disbursement this Period

[Redacted] 10.00

Memo Item

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: MONICA NESTER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name
CARROLL, JENNIFER, , ,

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 02

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[Redacted] 40.00

[Redacted]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City: WOODBRIDGE State: CA Zip Code: 22191

Purpose of Disbursement: ERMK: CYNTHIA SEARS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C
Transaction ID : EXPB16111
 Amount of Each Disbursement this Period
 51.43

Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City: WOODBRIDGE State: CA Zip Code: 22191

Purpose of Disbursement: ERMK: LESLIE FIELD-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C
Transaction ID : EXPB16125
 Amount of Each Disbursement this Period
 5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City: WOODBRIDGE State: CA Zip Code: 22191

Purpose of Disbursement: ERMK: MARYANN SAUNDERS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C
Transaction ID : EXPB16115
 Amount of Each Disbursement this Period
 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

61.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: REBECCA FLYNN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 02

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB16117
Amount of Each Disbursement this Period: 15.00

Memo Item

Full Name (Last, First, Middle Initial)
B. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: WINNIE WAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 02

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB16122
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: CAROL SONTAG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 02

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB16116
Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 30.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: DAVID KAUFMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 02

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : EXPB16121

Amount of Each Disbursement this Period: 25.00

Memo Item

Full Name (Last, First, Middle Initial)
B. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: TRACY SHERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 02

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : EXPB16118

Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
C. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: FELICITY TAUBMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 02

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : EXPB16119

Amount of Each Disbursement this Period: 15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 50.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 02

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB16096
Amount of Each Disbursement this Period: 100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 02

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB16123
Amount of Each Disbursement this Period: 100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: KAREN CAIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 02

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB16094
Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 210.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: ANN MCCARTHY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB16085
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: DIANE CARR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB16086
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: DAN QUINN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB16087
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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. JENNIFER CARROL FOY FOR DELEGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 2715 MCGUFFEYS CT.		FEC Identification Number C [REDACTED] Transaction ID : EXPB16088
City WOODBIDGE	State CA	Zip Code 22191
Purpose of Disbursement ERMK: BRUCE FRAM-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name CARROLL, JENNIFER, , ,		Amount of Each Disbursement this Period [REDACTED] 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 02	

Full Name (Last, First, Middle Initial) B. JENNIFER CARROL FOY FOR DELEGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 2715 MCGUFFEYS CT.		FEC Identification Number C [REDACTED] Transaction ID : EXPB16089
City WOODBIDGE	State CA	Zip Code 22191
Purpose of Disbursement ERMK: DONNA MAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name CARROLL, JENNIFER, , ,		Amount of Each Disbursement this Period [REDACTED] 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 02	

Full Name (Last, First, Middle Initial) C. JENNIFER CARROL FOY FOR DELEGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 2715 MCGUFFEYS CT.		FEC Identification Number C [REDACTED] Transaction ID : EXPB16095
City WOODBIDGE	State CA	Zip Code 22191
Purpose of Disbursement ERMK: VENKATRAM KUDITIPUDI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name CARROLL, JENNIFER, , ,		Amount of Each Disbursement this Period [REDACTED] 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 02	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 55.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. JENNIFER CARROL FOY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: DON AND LESLIE BUSH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB16091
 Amount of Each Disbursement this Period

Memo Item

B. JENNIFER CARROL FOY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: COURTNEY MOORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB16090
 Amount of Each Disbursement this Period

Memo Item

C. JENNIFER CARROL FOY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: FLORA RESNICK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB16093
 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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER CARROL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C []
Transaction ID : EXPB16092
 Amount of Each Disbursement this Period
 [] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **DELANEY, KARRIE, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C []
Transaction ID : EXPB15965
 Amount of Each Disbursement this Period
 [] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: MARJORIE LOVELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **DELANEY, KARRIE, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C []
Transaction ID : EXPB15966
 Amount of Each Disbursement this Period
 [] 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 125.00
 []

**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"/> 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)
WOMENCOUNT PAC

A. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 230542

City: CENTREVILLE State: VA Zip Code: 20120

Purpose of Disbursement: ERMK: DAN QUINN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: DELANEY, KARRIE, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C [REDACTED]
Transaction ID : EXPB15967
 Amount of Each Disbursement this Period
 [REDACTED] 30.00

Memo Item

B. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 230542

City: CENTREVILLE State: VA Zip Code: 20120

Purpose of Disbursement: ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: DELANEY, KARRIE, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C [REDACTED]
Transaction ID : EXPB15968
 Amount of Each Disbursement this Period
 [REDACTED] 5.00

Memo Item

C. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 230542

City: CENTREVILLE State: VA Zip Code: 20120

Purpose of Disbursement: ERMK: TRACY SHERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: DELANEY, KARRIE, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C [REDACTED]
Transaction ID : EXPB15974
 Amount of Each Disbursement this Period
 [REDACTED] 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 45.00
 [REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: SUSAN LUCAS-CONWELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C
Transaction ID : EXPB15964
Amount of Each Disbursement this Period
5.00

Memo Item

B. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: KAREN CAIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C
Transaction ID : EXPB15963
Amount of Each Disbursement this Period
10.00

Memo Item

C. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: FLORA RESNICK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C
Transaction ID : EXPB15962
Amount of Each Disbursement this Period
5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

20.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

Purpose of Disbursement ERMK: ANN MCCARTHY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C [REDACTED]

Candidate Name DELANEY, KARRIE, , ,

Transaction ID : EXPB15953

Office Sought: House Senate President
State: VA District: 67

Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

B. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

Purpose of Disbursement ERMK: DON AND LESLIE BUSH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C [REDACTED]

Candidate Name DELANEY, KARRIE, , ,

Transaction ID : EXPB15959

Office Sought: House Senate President
State: VA District: 67

Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period

[REDACTED] 5.00

Memo Item

C. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

Purpose of Disbursement ERMK: COURTNEY MOORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C [REDACTED]

Candidate Name DELANEY, KARRIE, , ,

Transaction ID : EXPB15958

Office Sought: House Senate President
State: VA District: 67

Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period

[REDACTED] 15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 270.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: YVONNE DEGGELMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **DELANEY, KARRIE, , ,**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 67

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : EXPB15975

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: DONNA MAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **DELANEY, KARRIE, , ,**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 67

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : EXPB15957

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: DAN QUINN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **DELANEY, KARRIE, , ,**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 67

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : EXPB15955

Amount of Each Disbursement this Period: 30.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 40.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: DIANE CARR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name DELANEY, KARRIE, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 08 / 2017

FEC Identification Number

C
 Transaction ID : EXPB15954
 Amount of Each Disbursement this Period
 35.71

Memo Item

B. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: BRUCE FRAM-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name DELANEY, KARRIE, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 08 / 2017

FEC Identification Number

C
 Transaction ID : EXPB15956
 Amount of Each Disbursement this Period
 25.00

Memo Item

C. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name DELANEY, KARRIE, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 08 / 2017

FEC Identification Number

C
 Transaction ID : EXPB15969
 Amount of Each Disbursement this Period
 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

160.71

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

Purpose of Disbursement
ERMK: LESLIE FIELD-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB15990

Candidate Name
DELANEY, KARRIE, , ,

Amount of Each Disbursement this Period
5.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

Memo Item

B. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

Purpose of Disbursement
ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB15989

Candidate Name
DELANEY, KARRIE, , ,

Amount of Each Disbursement this Period
71.43

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

Memo Item

C. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

Purpose of Disbursement
ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB15988

Candidate Name
DELANEY, KARRIE, , ,

Amount of Each Disbursement this Period
100.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

176.43

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"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: MONICA NESTER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 08 / 2017

FEC Identification Number

C
Transaction ID : EXPB15977
Amount of Each Disbursement this Period
10.00

Memo Item

B. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: FELICITY TAUBMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 08 / 2017

FEC Identification Number

C
Transaction ID : EXPB15976
Amount of Each Disbursement this Period
15.00

Memo Item

C. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: CYNTHIA SEARS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 08 / 2017

FEC Identification Number

C
Transaction ID : EXPB15978
Amount of Each Disbursement this Period
51.43

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

76.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City: CENTREVILLE State: VA Zip Code: 20120

Purpose of Disbursement: ERMK: VANESSA JOHNSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: DELANEY, KARRIE, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C []
Transaction ID : EXPB15970
 Amount of Each Disbursement this Period
 [] 5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City: CENTREVILLE State: VA Zip Code: 20120

Purpose of Disbursement: ERMK: LINDA SCHUCK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: DELANEY, KARRIE, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C []
Transaction ID : EXPB15972
 Amount of Each Disbursement this Period
 [] 5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City: CENTREVILLE State: VA Zip Code: 20120

Purpose of Disbursement: ERMK: LAURA KAVANAUGH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: DELANEY, KARRIE, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C []
Transaction ID : EXPB15973
 Amount of Each Disbursement this Period
 [] 15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 25.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: JO-ANNE STENGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 67

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB15971
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 67

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB15960
Amount of Each Disbursement this Period: 20.00

Memo Item

Full Name (Last, First, Middle Initial)
C. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: JUDITH OSTAPIK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 67

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB15979
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 30.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	7		

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

Purpose of Disbursement ERMK: SHIRLEY CLAYTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name DELANEY, KARRIE, , ,

24T

C

Transaction ID : EXPB15981

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

25.00

Memo Item

B. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	7		

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

Purpose of Disbursement ERMK: WINNIE WAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name DELANEY, KARRIE, , ,

24T

C

Transaction ID : EXPB15987

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

5.00

Memo Item

C. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	7		

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

Purpose of Disbursement ERMK: DAVID KAUFMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name DELANEY, KARRIE, , ,

24T

C

Transaction ID : EXPB15986

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

55.00

**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"/> 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)
WOMENCOUNT PAC

A. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

Purpose of Disbursement ERMK: WENDY HAFKENSCHIEL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C

Candidate Name DELANEY, KARRIE, , ,

24T

Category/Type

Transaction ID : EXPB15980

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

10.00

Memo Item

B. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

Purpose of Disbursement ERMK: ELISABETH DUTTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C

Candidate Name DELANEY, KARRIE, , ,

24T

Category/Type

Transaction ID : EXPB15985

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

10.00

Memo Item

C. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

Purpose of Disbursement ERMK: CAROL SONTAG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C

Candidate Name DELANEY, KARRIE, , ,

24T

Category/Type

Transaction ID : EXPB15983

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: MARYANN SAUNDERS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name DELANEY, KARRIE, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C []
Transaction ID : EXPB15982
 Amount of Each Disbursement this Period
 [] 5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: REBECCA FLYNN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name DELANEY, KARRIE, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C []
Transaction ID : EXPB15984
 Amount of Each Disbursement this Period
 [] 15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: VENKATRAM KUDITIPUDI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name DELANEY, KARRIE, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C []
Transaction ID : EXPB15961
 Amount of Each Disbursement this Period
 [] 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 45.00

**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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. KATHLEEN MURPHY FOR DELEGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 146		FEC Identification Number C [REDACTED]
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement ERMK: MARJORIE LOVELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name MURPHY, KATHLEEN, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 34	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. KATHLEEN MURPHY FOR DELEGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 146		FEC Identification Number C [REDACTED]
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement ERMK: ELISABETH DUTTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name MURPHY, KATHLEEN, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 34	Amount of Each Disbursement this Period 10.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. KATHLEEN MURPHY FOR DELEGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 146		FEC Identification Number C [REDACTED]
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name MURPHY, KATHLEEN, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 34	Amount of Each Disbursement this Period 100.00
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	115.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MURPHY, KATHLEEN, , ,

Office Sought: House Senate President
State: VA District: 34

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : **EXPB15942**

Amount of Each Disbursement this Period: 20.00

Memo Item

Full Name (Last, First, Middle Initial)
B. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
ERMK: DONNA MAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MURPHY, KATHLEEN, , ,

Office Sought: House Senate President
State: VA District: 34

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : **EXPB15940**

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
ERMK: BRUCE FRAM-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MURPHY, KATHLEEN, , ,

Office Sought: House Senate President
State: VA District: 34

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C

Transaction ID : **EXPB15939**

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 50.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
ERMK: VENKATRAM KUDITIPUDI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MURPHY, KATHLEEN, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 34

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB15943
Amount of Each Disbursement this Period: 25.00

Memo Item

Full Name (Last, First, Middle Initial)
B. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
ERMK: COURTNEY MOORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MURPHY, KATHLEEN, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 34

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB15941
Amount of Each Disbursement this Period: 15.00

Memo Item

Full Name (Last, First, Middle Initial)
C. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
ERMK: KAREN CAIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MURPHY, KATHLEEN, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 34

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB15945
Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 50.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MURPHY, KATHLEEN, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 34

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB15949
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
ERMK: FLORA RESNICK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MURPHY, KATHLEEN, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 34

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB15944
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
ERMK: SUSAN LUCAS-CONWELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MURPHY, KATHLEEN, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 34

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB15947
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KATHLEEN MURPHY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

Mailing Address PO BOX 146

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB15946
Amount of Each Disbursement this Period

[REDACTED] 100.00

Memo Item

City: MCLEAN State: VA Zip Code: 22101

Purpose of Disbursement: ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name: MURPHY, KATHLEEN, , ,

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 34

Full Name (Last, First, Middle Initial)

B. KATHY TRAN FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

Mailing Address PO BOX 2731

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB16165
Amount of Each Disbursement this Period

[REDACTED] 5.00

Memo Item

City: SPRINGFIELD State: VA Zip Code: 22152

Purpose of Disbursement: ERMK: WINNIE WAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name: TRAN, KATHY, , ,

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 42

Full Name (Last, First, Middle Initial)

C. KATHY TRAN FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

Mailing Address PO BOX 2731

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB16166
Amount of Each Disbursement this Period

[REDACTED] 100.00

Memo Item

City: SPRINGFIELD State: VA Zip Code: 22152

Purpose of Disbursement: ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name: TRAN, KATHY, , ,

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 42

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 205.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
KATHY TRAN FOR DELEGATE

Date of Disbursement: 11 / 08 / 2017

Mailing Address: PO BOX 2731

City: SPRINGFIELD State: VA Zip Code: 22152

Purpose of Disbursement: ERMK: LESLIE FIELD-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: TRAN, KATHY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 42

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB16168

Amount of Each Disbursement this Period: 5.00

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
KATHY TRAN FOR DELEGATE

Date of Disbursement: 11 / 08 / 2017

Mailing Address: PO BOX 2731

City: SPRINGFIELD State: VA Zip Code: 22152

Purpose of Disbursement: ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: TRAN, KATHY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 42

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB16167

Amount of Each Disbursement this Period: 71.43

Memo Item

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
KATHY TRAN FOR DELEGATE

Date of Disbursement: 11 / 08 / 2017

Mailing Address: PO BOX 2731

City: SPRINGFIELD State: VA Zip Code: 22152

Purpose of Disbursement: ERMK: DAVID KAUFMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: TRAN, KATHY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 42

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB16164

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 101.43

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"/> 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)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement ERMK: ELISABETH DUTTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB16163

Candidate Name TRAN, KATHY, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

10.00

State: VA District: 42

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement ERMK: CAROL SONTAG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB16161

Candidate Name TRAN, KATHY, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

10.00

State: VA District: 42

Memo Item

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement ERMK: REBECCA FLYNN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB16162

Candidate Name TRAN, KATHY, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

15.00

State: VA District: 42

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

35.00

**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"/> 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)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement ERMK: MARJORIE LOVELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name

24T
Category/Type

C
Transaction ID : EXPB16144
Amount of Each Disbursement this Period
5.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 42

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name

24T
Category/Type

C
Transaction ID : EXPB16145
Amount of Each Disbursement this Period
5.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 42

Memo Item

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement ERMK: SUSAN LUCAS-CONWELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name

24T
Category/Type

C
Transaction ID : EXPB16142
Amount of Each Disbursement this Period
5.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 42

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

15.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: DAN QUINN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB16146

Candidate Name
TRAN, KATHY, , ,

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

30.00

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: VANESSA JOHNSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB16148

Candidate Name
TRAN, KATHY, , ,

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

5.00

Memo Item

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: JO-ANNE STENGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB16149

Candidate Name
TRAN, KATHY, , ,

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

40.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: LINDA SCHUCK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C
24T
Category/Type

Transaction ID : EXPB16150

Candidate Name
TRAN, KATHY, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

5.00

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C
24T
Category/Type

Transaction ID : EXPB16147

Candidate Name
TRAN, KATHY, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

100.00

Memo Item

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: LAURA KAVANAUGH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C
24T
Category/Type

Transaction ID : EXPB16151

Candidate Name
TRAN, KATHY, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

120.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
KATHY TRAN FOR DELEGATE

Date of Disbursement: 11 / 08 / 2017

Mailing Address: PO BOX 2731

City: SPRINGFIELD State: VA Zip Code: 22152

Purpose of Disbursement: ERMK: KAREN CAIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: TRAN, KATHY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 42

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB16141

Amount of Each Disbursement this Period: 10.00

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
KATHY TRAN FOR DELEGATE

Date of Disbursement: 11 / 08 / 2017

Mailing Address: PO BOX 2731

City: SPRINGFIELD State: VA Zip Code: 22152

Purpose of Disbursement: ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: TRAN, KATHY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 42

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB16139

Amount of Each Disbursement this Period: 20.00

Memo Item

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
KATHY TRAN FOR DELEGATE

Date of Disbursement: 11 / 08 / 2017

Mailing Address: PO BOX 2731

City: SPRINGFIELD State: VA Zip Code: 22152

Purpose of Disbursement: ERMK: ANN MCCARTHY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: TRAN, KATHY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 42

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB16131

Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 280.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
KATHY TRAN FOR DELEGATE

Date of Disbursement: 11 / 08 / 2017

Mailing Address: PO BOX 2731

City: SPRINGFIELD State: VA Zip Code: 22152

Purpose of Disbursement: ERMK: DIANE CARR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: TRAN, KATHY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 42

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB16132

Amount of Each Disbursement this Period: 35.71

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
KATHY TRAN FOR DELEGATE

Date of Disbursement: 11 / 08 / 2017

Mailing Address: PO BOX 2731

City: SPRINGFIELD State: VA Zip Code: 22152

Purpose of Disbursement: ERMK: DAN QUINN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: TRAN, KATHY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 42

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB16133

Amount of Each Disbursement this Period: 30.00

Memo Item

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
KATHY TRAN FOR DELEGATE

Date of Disbursement: 11 / 08 / 2017

Mailing Address: PO BOX 2731

City: SPRINGFIELD State: VA Zip Code: 22152

Purpose of Disbursement: ERMK: FLORA RESNICK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: TRAN, KATHY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 42

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB16140

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 70.71

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: BRUCE FRAM-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
TRAN, KATHY, , ,

Category/Type

Transaction ID : EXPB16134

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

25.00

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: COURTNEY MOORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
TRAN, KATHY, , ,

Category/Type

Transaction ID : EXPB16136

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

15.00

Memo Item

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: DON AND LESLIE BUSH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
TRAN, KATHY, , ,

Category/Type

Transaction ID : EXPB16137

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

45.00

**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"/> 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)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: VENKATRAM KUDITIPUDI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C [REDACTED]

Candidate Name
TRAN, KATHY, , ,

Transaction ID : EXPB16138

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

[REDACTED] 25.00

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: DONNA MAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C [REDACTED]

Candidate Name
TRAN, KATHY, , ,

Transaction ID : EXPB16135

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

[REDACTED] 5.00

Memo Item

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: TRACY SHERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C [REDACTED]

Candidate Name
TRAN, KATHY, , ,

Transaction ID : EXPB16152

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

[REDACTED] 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 40.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C []

Transaction ID : **EXPB16143**
Amount of Each Disbursement this Period

Candidate Name
TRAN, KATHY, , ,

Category/Type

[] 100.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: VA District: 42

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: FELICITY TAUBMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C []

Transaction ID : **EXPB16154**
Amount of Each Disbursement this Period

Candidate Name
TRAN, KATHY, , ,

Category/Type

[] 15.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: VA District: 42

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: MARYANN SAUNDERS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C []

Transaction ID : **EXPB16160**
Amount of Each Disbursement this Period

Candidate Name
TRAN, KATHY, , ,

Category/Type

[] 5.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: VA District: 42

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 120.00

[]

**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"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. KATHY TRAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 2731		FEC Identification Number C [REDACTED] Transaction ID : EXPB16159
City SPRINGFIELD	State VA	Zip Code 22152
Purpose of Disbursement ERMK: SHIRLEY CLAYTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T
Candidate Name TRAN, KATHY, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 42	Amount of Each Disbursement this Period [REDACTED] 25.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. KATHY TRAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 2731		FEC Identification Number C [REDACTED] Transaction ID : EXPB16158
City SPRINGFIELD	State VA	Zip Code 22152
Purpose of Disbursement ERMK: WENDY HAFKENSCHIEL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T
Candidate Name TRAN, KATHY, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 42	Amount of Each Disbursement this Period [REDACTED] 10.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. KATHY TRAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address PO BOX 2731		FEC Identification Number C [REDACTED] Transaction ID : EXPB16153
City SPRINGFIELD	State VA	Zip Code 22152
Purpose of Disbursement ERMK: YVONNE DEGGELMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T
Candidate Name TRAN, KATHY, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 42	Amount of Each Disbursement this Period [REDACTED] 5.00
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 40.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: MONICA NESTER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C

Transaction ID : EXPB16155
Amount of Each Disbursement this Period

Candidate Name
TRAN, KATHY, , ,

10.00

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: JUDITH OSTAPIK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C

Transaction ID : EXPB16157
Amount of Each Disbursement this Period

Candidate Name
TRAN, KATHY, , ,

5.00

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

Memo Item

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: CYNTHIA SEARS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C

Transaction ID : EXPB16156
Amount of Each Disbursement this Period

Candidate Name
TRAN, KATHY, , ,

51.43

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

66.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KELLY FOWLER FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

Mailing Address PO BOX 6769

FEC Identification Number

C [REDACTED]

Transaction ID : **EXPB16084**

Amount of Each Disbursement this Period

[REDACTED] 5.00

Memo Item

City VIRGINIA BEACH State VA Zip Code 23456

Purpose of Disbursement
ERMK: BRENDA WILLETT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

Candidate Name
FOWLER, KELLY, , ,

Office Sought: House Senate President
State: VA District: 21

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. KELLY FOWLER FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

Mailing Address PO BOX 6769

FEC Identification Number

C [REDACTED]

Transaction ID : **EXPB16083**

Amount of Each Disbursement this Period

[REDACTED] 5.00

Memo Item

City VIRGINIA BEACH State VA Zip Code 23456

Purpose of Disbursement
ERMK: NANCY GOLDBERG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

Candidate Name
FOWLER, KELLY, , ,

Office Sought: House Senate President
State: VA District: 21

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. MICHELLE FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

Mailing Address 112 BELL CREEK DRIVE

FEC Identification Number

C [REDACTED]

Transaction ID : **EXPB16172**

Amount of Each Disbursement this Period

[REDACTED] 5.00

Memo Item

City STAUNTON State VA Zip Code 24401

Purpose of Disbursement
ERMK: DONNA MAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

Candidate Name
EDWARDS, MICHELLE, , ,

Office Sought: House Senate President
State: VA District: 20

Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 15.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. MICHELLE FOR DELEGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 112 BELL CREEK DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB16173
City STAUNTON	State VA	Zip Code 24401
Purpose of Disbursement ERMK: COURTNEY MOORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input checked="" type="checkbox"/> 24T Category/ Type
Candidate Name EDWARDS, MICHELLE, , ,		Amount of Each Disbursement this Period [REDACTED] 15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 20	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. MICHELLE FOR DELEGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 112 BELL CREEK DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB16174
City STAUNTON	State VA	Zip Code 24401
Purpose of Disbursement ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input checked="" type="checkbox"/> 24T Category/ Type
Candidate Name EDWARDS, MICHELLE, , ,		Amount of Each Disbursement this Period [REDACTED] 20.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 20	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. MICHELLE FOR DELEGATE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 112 BELL CREEK DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB16175
City STAUNTON	State VA	Zip Code 24401
Purpose of Disbursement ERMK: FLORA RESNICK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input checked="" type="checkbox"/> 24T Category/ Type
Candidate Name EDWARDS, MICHELLE, , ,		Amount of Each Disbursement this Period [REDACTED] 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 20	
<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 40.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City STAUNTON State VA Zip Code 24401
Purpose of Disbursement ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

FEC Identification Number

C [REDACTED]

Candidate Name EDWARDS, MICHELLE, , ,

24T
Category/Type

Transaction ID : EXPB16179

Amount of Each Disbursement this Period

[REDACTED] 5.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

Memo Item

B. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City STAUNTON State VA Zip Code 24401
Purpose of Disbursement ERMK: MARJORIE LOVELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

FEC Identification Number

C [REDACTED]

Candidate Name EDWARDS, MICHELLE, , ,

24T
Category/Type

Transaction ID : EXPB16180

Amount of Each Disbursement this Period

[REDACTED] 5.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

Memo Item

C. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

City STAUNTON State VA Zip Code 24401
Purpose of Disbursement ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

FEC Identification Number

C [REDACTED]

Candidate Name EDWARDS, MICHELLE, , ,

24T
Category/Type

Transaction ID : EXPB16178

Amount of Each Disbursement this Period

[REDACTED] 100.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 110.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. MICHELLE FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

Mailing Address 112 BELL CREEK DRIVE

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB16176
Amount of Each Disbursement this Period

[REDACTED] 10.00

Memo Item

City STAUNTON State VA Zip Code 24401

Purpose of Disbursement
ERMK: KAREN CAIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name
EDWARDS, MICHELLE, , ,

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

Full Name (Last, First, Middle Initial)
B. MICHELLE FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

Mailing Address 112 BELL CREEK DRIVE

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB16177
Amount of Each Disbursement this Period

[REDACTED] 5.00

Memo Item

City STAUNTON State VA Zip Code 24401

Purpose of Disbursement
ERMK: SUSAN LUCAS-CONWELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name
EDWARDS, MICHELLE, , ,

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

Full Name (Last, First, Middle Initial)
C. MICHELLE FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2017

Mailing Address 112 BELL CREEK DRIVE

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB16181
Amount of Each Disbursement this Period

[REDACTED] 10.00

Memo Item

City STAUNTON State VA Zip Code 24401

Purpose of Disbursement
ERMK: ELISABETH DUTTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name
EDWARDS, MICHELLE, , ,

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 25.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB16216
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: MARJORIE LOVELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name GOODMAN, MORGAN, , ,		
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: VA District: 55	Amount of Each Disbursement this Period 5.00	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB16217
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name GOODMAN, MORGAN, , ,		
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: VA District: 55	Amount of Each Disbursement this Period 5.00	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB16218
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: ELISABETH DUTTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name GOODMAN, MORGAN, , ,		
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: VA District: 55	Amount of Each Disbursement this Period 10.00	
<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB16215
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name GOODMAN, MORGAN, , ,		Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 55	

Full Name (Last, First, Middle Initial) B. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB16214
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: SUSAN LUCAS-CONWELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name GOODMAN, MORGAN, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 55	

Full Name (Last, First, Middle Initial) C. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB16209
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: DONNA MAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name GOODMAN, MORGAN, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 55	

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

110.00
[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. MORGAN GOODMAN FOR VIRGINIA

Mailing Address 9468 MANORWOOD DRIVE

City MECHANICSVILLE State VA Zip Code 23116

Purpose of Disbursement
ERMK: FLORA RESNICK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GOODMAN, MORGAN, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 55

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB16212
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. MORGAN GOODMAN FOR VIRGINIA

Mailing Address 9468 MANORWOOD DRIVE

City MECHANICSVILLE State VA Zip Code 23116

Purpose of Disbursement
ERMK: KAREN CAIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GOODMAN, MORGAN, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 55

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB16213
Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
C. MORGAN GOODMAN FOR VIRGINIA

Mailing Address 9468 MANORWOOD DRIVE

City MECHANICSVILLE State VA Zip Code 23116

Purpose of Disbursement
ERMK: COURTNEY MOORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GOODMAN, MORGAN, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 55

Date of Disbursement: 11 / 08 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB16210
Amount of Each Disbursement this Period: 15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 30.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MORGAN GOODMAN FOR VIRGINIA

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 9468 MANORWOOD DRIVE

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	7		

City MECHANICSVILLE State VA Zip Code 23116

FEC Identification Number

Purpose of Disbursement
ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
GOODMAN, MORGAN, , ,

Transaction ID : EXPB16211

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 55

20.00

Memo Item

B. RODMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 6744 WILBER CIRCLE

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	7		

City HENRICO State VA Zip Code 23228

FEC Identification Number

Purpose of Disbursement
ERMK: BRENDA WILLETT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
RODMAN, DEBRA, , ,

Transaction ID : EXPB16171

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 73

5.00

Memo Item

C. RODMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 6744 WILBER CIRCLE

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	7		

City HENRICO State VA Zip Code 23228

FEC Identification Number

Purpose of Disbursement
ERMK: NANCY GOLDBERG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
RODMAN, DEBRA, , ,

Transaction ID : EXPB16170

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 73

5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30.00

**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"/> 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)
WOMENCOUNT PAC

A. CHERYL TURPIN FOR VIRGINIA BEACH

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 4540 PRINCESS ANNE ROAD
SUITE 114 #189

M M M	/	D D D	/	Y Y Y Y Y
11		29		2017

City VIRGINIA BEACH State VA Zip Code 23462

FEC Identification Number

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED
Candidate Name
TURPIN, CHERYL, , ,

24T
Category/ Type

C
Transaction ID : EXPB16003
Amount of Each Disbursement this Period
5.00

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: VA District: 85

Memo Item

B. CROWLEYFORVA98TH

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 298

M M M	/	D D D	/	Y Y Y Y Y
11		29		2017

City PORT HAYWOOD State VA Zip Code 23138

FEC Identification Number

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED
Candidate Name
CROWLEY, SHIELA, , ,

24T
Category/ Type

C
Transaction ID : EXPB16230
Amount of Each Disbursement this Period
5.00

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: VA District: 98

Memo Item

C. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
11		29		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED
Candidate Name
GUZMAN, ELIZABETH, , ,

24T
Category/ Type

C
Transaction ID : EXPB16044
Amount of Each Disbursement this Period
5.00

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: VA District: 31

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

15.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. FRIENDS OF DANICA ROEM

Date of Disbursement
MM / DD / YYYY
11 / 29 / 2017

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number
C [REDACTED]
Transaction ID : **EXPB16082**
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. JENNIFER CARROL FOY FOR DELEGATE

Date of Disbursement
MM / DD / YYYY
11 / 29 / 2017

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
State: VA District: 02

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number
C [REDACTED]
Transaction ID : **EXPB16126**
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. KARRIE DELANEY FOR DELEGATE

Date of Disbursement
MM / DD / YYYY
11 / 29 / 2017

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
DELANEY, KARRIE, , ,

Office Sought: House Senate President
State: VA District: 67

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number
C [REDACTED]
Transaction ID : **EXPB15991**
Amount of Each Disbursement this Period
5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KATHLEEN MURPHY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	1		2	0	1	7

Mailing Address PO BOX 146

City
MCLEAN

State
VA

Zip Code
22101

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T

Transaction ID : EXPB15952

Candidate Name
MURPHY, KATHLEEN, , ,

Category/
Type

Amount of Each Disbursement this Period

[REDACTED] 5.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 34

Memo Item

Full Name (Last, First, Middle Initial)

B. KATHY TRAN FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	1		2	0	1	7

Mailing Address PO BOX 2731

City
SPRINGFIELD

State
VA

Zip Code
22152

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T

Transaction ID : EXPB16169

Candidate Name
TRAN, KATHY, , ,

Category/
Type

Amount of Each Disbursement this Period

[REDACTED] 5.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 42

Memo Item

Full Name (Last, First, Middle Initial)

C. MICHELLE FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	1		2	0	1	7

Mailing Address 112 BELL CREEK DRIVE

City
STAUNTON

State
VA

Zip Code
24401

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T

Transaction ID : EXPB16182

Candidate Name
EDWARDS, MICHELLE, , ,

Category/
Type

Amount of Each Disbursement this Period

[REDACTED] 5.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 15.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MORGAN GOODMAN FOR VIRGINIA

Full Name (Last, First, Middle Initial)
Mailing Address 9468 MANORWOOD DRIVE

City MECHANICSVILLE State VA Zip Code 23116

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GOODMAN, MORGAN, , ,

Office Sought: House Senate President
State: VA District: 55

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 29 / 2017

FEC Identification Number: C

Transaction ID : EXPB16219

Amount of Each Disbursement this Period: 5.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5.00

TOTAL This Period (last page this line number only)..... ▶ 12826.42

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 321 OF 324
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HANSON BRIDGETT LLP		Nature of Debt (Purpose): LEGAL AND COMPLIANCE	
Mailing Address 425 MARKET STREET, 26TH FLOOR			
City SAN FRANCISCO	State CA	Zip Code 94105	

Outstanding Balance Beginning This Period 1305.00	Transaction ID : PAYD3367	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1305.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP		Nature of Debt (Purpose): COMPLIANCE SERVICES	
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period 1731.87	Transaction ID : PAYD11385	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1731.87

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP		Nature of Debt (Purpose): COMPLIANCE SERVICES	
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period 2501.05	Transaction ID : PAYD12409	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2501.05

1) SUBTOTALS This Period This Page (optional)..... ▶	5537.92
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 322 OF 324
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE SERVICES
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period 2348.33	Transaction ID : PAYD13599	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2348.33

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE SERVICES
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period 1132.50	Transaction ID : PAYD13600	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1132.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE SERVICES
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period 1282.50	Transaction ID : PAYD12795	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1282.50

1) SUBTOTALS This Period This Page (optional)..... ▶	4763.33
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 323 OF 324
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE SERVICES
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period 963.75	Transaction ID : PAYD13601	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 963.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE SERVICES
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period 851.25	Transaction ID : PAYD14704	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 851.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period	Transaction ID :	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	1815.00
2) TOTALS This Period (last page this line number only)..... ▶	12116.25
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	12116.25

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : PAYD14704

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID: