PAGE 1 / 13

Image# 13940085715

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| TOTAL OX | For Other Than An Au | thorized Committee | Office Use Only |
|---|----------------------------------|--|--|
| NAME OF COMMITTEE (in full) | TYPE OR PRINT ▼ | Example: If typing, type over the lines. | 12FE4M5 |
| Tri-State Maxed-Out V | Vomen | | |
| | | | |
| ADDRESS (number and street) | 445 Park Avenue | | |
| V | 9th Floor | | |
| Check if different than previously reported. (ACC) | New York | | NY 10022 |
| 2. FEC IDENTIFICATION N | UMBER ▼ CI | TY▲ | STATE ▲ ZIP CODE ▲ |
| C C00488387 | | IS THIS REPORT X (N) O | R AMENDED (A) |
| 4. TYPE OF REPORT (Choose One) | Report Due On: | b 20 (M2) May 20 (I | (Non-Election Year Only) |
| (a) Quarterly Reports: | | | (Non-Election Year Only) |
| April 15 Quarterly Report (0 | | r 20 (M4) Jul 20 (M | 7) Oct 20 (M10) Jan 31 (YE) |
| July 15 Quarterly Report (0 | (c) 12-Day | Primary (12P) | General (12G) Runoff (12R) |
| October 15 | Report for the: | Convention (12C) | Special (12S) |
| Quarterly Report (0 X January 31 Year-End Report () | | on on | in the State of |
| July 31 Mid-Year Report (Non-election Year Only) (MY) | (d) 30-Day | General (30G) | Runoff (30R) Special (30S) |
| Termination Report (TER) | · | on on | in the State of |
| 5. Covering Period 1 | M / D D / Y Y Y Y Y 1 1 27 2012 | through 12 | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| I certify that I have examined the | nis Report and to the best of | f my knowledge and belief it is | s true, correct and complete. |
| Type or Print Name of Treasure | er Marcia Dickstein Sudolsky | | |
| Signature of Treasurer Mare | cia Dickstein Sudolsky | [Electronically Filed] | Date 01 / 31 / 2013 |
| NOTE: Submission of false, erron | neous, or incomplete information | on may subject the person signir | ng this Report to the penalties of 2 U.S.C. §437g. |
| Office | | | FEC FORM 3X |
| Use Only | | | Rev. 12/2004 |

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Tri-State Maxed-Out Women 27 2012 2012 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 90415.18 January 1, 2012 (b) Cash on Hand at 51395.71 Beginning of Reporting Period..... 232150.00 15000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 66395.71 322565.18 6(a) and 6(c) for Column B)..... 3861.32 260030.79 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 62534.39 62534.39 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

| Tri-State | Maxed-Out | Women |
|-----------|------------|-------------|
| TII-Olale | いいひんせんこくしん | *********** |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| . Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other | | |
| Than Political Committees | | 201050.00 |
| (i) Itemized (use Schedule A) | 15000.00 | 231950.00 |
| | | 200.00 |
| (ii) Unitemized | 0.00 | 200.00 |
| (iii) TOTAL (add | 45000.00 | 232150.00 |
| Lines 11(a)(i) and (ii)▶ | 15000.00 | 232130.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | | 7 7 |
| (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines | | |
| 11(a)(iii), (b), and (c)) (Carry | | |
| Totals to Line 33, page 5) | 15000.00 | 232150.00 |
| . Transfers From Affiliated/Other | | |
| Party Committees | 0.00 | 0.00 |
| — | | |
| . All Loans Received | 0.00 | 0.00 |
| _ | | |
| Loan Repayments Received | 0.00 | 0.00 |
| 6. Offsets To Operating Expenditures | | |
| (Refunds, Rebates, etc.) | | |
| (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 6. Refunds of Contributions Made | | |
| to Federal Candidates and Other | | |
| Political Committees | 0.00 | 0.00 |
| 7. Other Federal Receipts | | |
| (Dividends, Interest, etc.) | 0.00 | 0.00 |
| Transfers from Non-Federal and Levin Funds (a) Non-Federal Assessment | | |
| (a) Non-Federal Account | 0.00 | |
| (from Schedule H3) | 0.00 | 0.00 |
| | 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 |
| (c) Total Transfers (add To(a) and To(b)) | 0.00 | 0.00 |
| | | |
| | | |
| . Total Receipts (add Lines 11(d), | | |
| 12, 13, 14, 15, 16, 17, and 18(c))▶ | 15000.00 | 232150.00 |
| Total Fadaval Dancista | | |
| . Total Federal Receipts | 45000.00 | 000450 00 |
| (subtract Line 18(c) from Line 19)▶ | 15000.00 | 232150.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| | II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|----|--|----------------------------|-----------------------------------|
| 1. | Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | outstide four to but |
| | (i) Federal Share | 0.00 | 0.00 |
| | `` | 200 | |
| | (ii) Non-Federal Share | 0.00 | 0.00 |
| | (b) Other Federal Operating Expenditures | 3861.32 | 85530.79 |
| | (c) Total Operating Expenditures | , , , , , | 7 7 7 |
| | (add 21(a)(i), (a)(ii), and (b))▶ | 3861.32 | 85530.79 |
| | Transfers to Affiliated/Other Party | | |
| | CommitteesContributions to | 0.00 | 0.00 |
| | Federal Candidates/Committees and Other Political Committees | 0.00 | 174500.00 |
| | Independent Expenditures | 0.00 | 0.00 |
| | (use Schedule E) | 0.00 | 0.00 |
| | (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 |
| | Loan Repayments Made | 0.00 | 0.00 |
| | Loans MadeRefunds of Contributions To: | 0.00 | 0.00 |
| | (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| | man Folitical Committees | 0.00 | 3.00 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (c) Other Political Committees | | |
| | (such as PACs) | 0.00 | 0.00 |
| | (d) Total Contribution Refunds | | |
| | (add Lines 28(a), (b), and (c))▶ | 0.00 | 0.00 |
| | | | |
| | Other Disbursements | 0.00 | 0.00 |
| | Federal Election Activity (2 U.S.C. §431(20)) | | |
| | (a) Allocated Federal Election Activity | | |
| | (from Schedule H6) | 0.00 | 0.00 |
| | (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 | 0.00 | 0.00 |
| | Lines 30(a)(i), 30(a)(ii) and 30(b))▶ | 0.00 | 0.00 |
| | Total Disbursements (add Lines 21(c), 22, | | |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 3861.32 | 260030.79 |
| | | | |
| | (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 3861.32 | 260030.79 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 15000.00 | 232150.00 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 15000.00 | 232150.00 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 3861.32 | 85530.79 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36) | 3861.32 | 85530.79 |

FOR LINE NUMBER: **PAGE** 6 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

13

for each category of the 12 Detailed Summary Page 14 13 15 16 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) Tri-State Maxed-Out Women Full Name (Last, First, Middle Initial) Madeline Blinder Date of Receipt Mailing Address 218 Cherry Hill Road 2012 12 28 City State Zip Code Transaction ID: SA11AI.5058 Princeton NJ 08540 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Contribution \$5,000 refunded 1/31/2013 Name of Employer Occupation N/A None Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Betty Cotton Date of Receipt Mailing Address 86 Sheldrake Rd. 12 28 2012 City State Zip Code Transaction ID: SA11AI.5068 NY Scarsdale 10583 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Contribution Name of Employer Occupation N/A Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Anne H. Hess Date of Receipt Mailing Address 214 E. 18th St. M M / 2012 12 28 City Zip Code State Transaction ID: SA11AI.5062 NY New York 10003 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Contribution Name of Employer Occupation Self Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 7000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

9

FOR LINE NUMBER: **PAGE** 7 OF 13 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page 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) Tri-State Maxed-Out Women Full Name (Last, First, Middle Initial) Fern Hurst Date of Receipt Mailing Address 1060 Fifth Avenue 2012 12 28 City State Zip Code Transaction ID: SA11AI.5063 NY New York 10128 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Contribution Name of Employer Occupation Retired N/A Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephanie Joseph Date of Receipt Mailing Address 241 Central Park West, Apt 13G 12 28 2012 City State Zip Code Transaction ID: SA11AI.5064 NY New York 10024 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Contribution Name of Employer Occupation The Directors Network Inc. President Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Isobel Konecky Date of Receipt Mailing Address 248 East 68th St. M M / 12 28 2012 City Zip Code State Transaction ID: SA11AI.5066 NY New York 10065 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Contribution Name of Employer Occupation N/A Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

9

FOR LINE NUMBER: **PAGE** 8 OF 13 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) Tri-State Maxed-Out Women Full Name (Last, First, Middle Initial) Sarah Kovner Date of Receipt Mailing Address 27 West 67th St. 2012 12 28 City Zip Code State Transaction ID: SA11AI.5067 NY New York 10023 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Contribution Name of Employer Occupation Retired N/A Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daphne Philipson Date of Receipt Mailing Address PO Box 242 28 12 2012 City State Zip Code Transaction ID: SA11AI.5060 NY Ardsley-on-Hudson 10503 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Contribution Name of Employer Occupation N/A None Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Letty Pogrebin Date of Receipt Mailing Address 33 West 67th St M M / 12 31 2012 City Zip Code State Transaction ID: SA11AI.5061 NY New York 10023 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Contribution Name of Employer Occupation None None Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

9

FOR LINE NUMBER: **PAGE** 9 OF 13 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) Tri-State Maxed-Out Women Full Name (Last, First, Middle Initial) Lori Sackler Date of Receipt Mailing Address 238 Engle St. 2012 12 28 City State Zip Code Transaction ID: SA11AI.5059 Tenafly NJ 07670 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Contribution Name of Employer Occupation **MSSB** Advisor Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Maria Vullo Date of Receipt Mailing Address 40 West 77th St, Apt 16B 12 28 2012 City State Zip Code Transaction ID: SA11AI.5069 NY New York 10024 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Contribution Name of Employer Occupation Unknown Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... 15000.00 TOTAL This Period (last page this line number only).....

| Any information copied from such Reports and Stateme or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Tri-State Maxed-Out Women Full Name (Last, First, Middle Initial) A. American Express Mailing Address PO Box 360001 City State Fort Lauderdale Purpose of Disbursement AMEX Processing Fees Candidate Name Office Sought: House Senate P | and address of any polit ate Zip Code L 33336-0001 | X 21b 27 used by any person | 22 23 24 25 28c 29 con for the purpose of soliciting contributions |
|---|---|-------------------------------------|--|
| or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Tri-State Maxed-Out Women Full Name (Last, First, Middle Initial) A. American Express Mailing Address PO Box 360001 City State Fort Lauderdale Purpose of Disbursement AMEX Processing Fees Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) B. Chase Paymentech | and address of any politicate Zip Code EL 33336-0001 ent For: rimary General | osed by any personical committee to | Date of Disbursement Transaction ID : SB21B.5051 Amount of Each Disbursement this Perio |
| NAME OF COMMITTEE (In Full) Tri-State Maxed-Out Women Full Name (Last, First, Middle Initial) A. American Express Mailing Address PO Box 360001 City State Fort Lauderdale Furpose of Disbursement AMEX Processing Fees Candidate Name Office Sought: House Disbursement President Senate President State: District: Full Name (Last, First, Middle Initial) B. Chase Paymentech | ate Zip Code FL 33336-0001 ent For: rimary General | 001 Category/ | Date of Disbursement 12 |
| Mailing Address PO Box 360001 City State: District: Mailing Address PO Box 360001 City State: District: Mailing Address PO Box 360001 State: District: District: Full Name (Last, First, Middle Initial) Chase Paymentech | ant For: | Category/ | Transaction ID : SB21B.5051 Amount of Each Disbursement this Perio 58.70 Date of Disbursement |
| Mailing Address PO Box 360001 City State: Purpose of Disbursement AMEX Processing Fees Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Chase Paymentech | ant For: | Category/ | Transaction ID : SB21B.5051 Amount of Each Disbursement this Perio 58.70 Date of Disbursement |
| City Sta Fort Lauderdale F Purpose of Disbursement AMEX Processing Fees Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) B. Chase Paymentech | ant For: | Category/ | Transaction ID : SB21B.5051 Amount of Each Disbursement this Perio 58.70 Date of Disbursement |
| Fort Lauderdale Purpose of Disbursement AMEX Processing Fees Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) B. Chase Paymentech | ant For: | Category/ | Amount of Each Disbursement this Perio 58.70 Date of Disbursement |
| AMEX Processing Fees Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) B. Chase Paymentech | rimary General | Category/ | Date of Disbursement |
| Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Chase Paymentech | rimary General | | Date of Disbursement |
| Senate President State: District: Full Name (Last, First, Middle Initial) B. Chase Paymentech | rimary General | | |
| Full Name (Last, First, Middle Initial) B. Chase Paymentech | | | |
| B. Chase Paymentech | | | |
| Mailing Address PO Box 659754 | | | / _ D _ D _ / _ I _ I _ I _ I _ I _ I |
| • | | | 12 03 2012 |
| | ate Zip Code X 78265-8632 | | Transaction ID : SB21B.5050 |
| Purpose of Disbursement Paymentech Fee | | 001 | Amount of Each Disbursement this Perio |
| Candidate Name | | Category/ Type | 40.00 |
| | nt For: rimary General ther (specify) ▼ | | |
| Full Name (Last, First, Middle Initial) C. Wendy Komaroff | | | Date of Disbursement |
| Mailing Address 115 West 132nd ST GFL | | | 12 09 7 2012 |
| City Sta New York N | ' | | Transaction ID : SB21B.5052 |
| Purpose of Disbursement Administration Support | | 001 | Amount of Each Disbursement this Perio |
| Candidate Name | | Category/ Type | 400.00 |
| | ent For: rimary General ther (specify) | | |
| SUBTOTAL of Disbursements This Page (optional) | | ······ | 498.70 |

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| S | CHEDULE B (FEC Form 3X) | | FC | DR LI | NF N | NUMBER | : | | PAGE 11 OF 13 | | | | |
|----|--|---|--------|------------|-----------|--------|--------|---------------------------------------|---------------|-----------|---------|---------------|-----|
| IT | EMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | ch (ch | neck | only one) | | | | | | | | |
| | | Detailed Summary Page | | X 2 | | 22 | | 23 | | 24 | 25 | | 26 |
| _ | | , , | | | 27 | 28a | | 28b | \perp | 28c | 29 | | 30b |
| | ly information copied from such Reports and Staten for commercial purposes, other than using the name | | | | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | Tri-State Maxed-Out Women | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| Α. | Regus Office Solutions | | | | | Date o | | burse | | | Y | Υ | |
| | Mailing Address 445 Park Avenue, 9th Floor | | | | | 12 | 4 | 0 | 1 | L | 2012 | _ | |
| | City | State Zip Code | | | | Trans | sacti | on ID | . 61 | B21B.50 | 15.4 | | |
| | New York | NY 10022 | | | | ITalis | sacu | טוו ווט | . 31 | 32 I D.JU | J4 | | |
| | Purpose of Disbursement Administration | | 00 | 01 | 1 | Amoun | nt of | Each | Disl | burseme | nt this | Perio | d |
| | Candidate Name | | | gory/ | | | | | | | 40 | 0.00 | |
| | Office Sought: House Disbursen | nent For: | | • | | | | | | , | | | |
| | | Primary General | | | | | | | | | | | |
| | | Other (specify) ▼ | | | | | | | | | | | |
| _ | State: District: | | | | | | | | | | | | |
| B | Full Name (Last, First, Middle Initial) | | | | | Date o | of Dic | hurco | mar | at | | | |
| υ. | Regus Office Solutions | | | | | | _ | | | | V V | V | |
| | Mailing Address 445 Park Avenue, 9th Floor | | | | | 12 | | | 20 | | 2012 | Y | |
| | City S | State Zip Code NY 10022 | | | | Trans | sacti | on ID | : SI | B21B.50 |)55 | | |
| | Purpose of Disbursement | 10022 | | | ⊣ | | | | | | | | |
| | Administration | | 0 | 01 | Ш | Amoun | nt of | Each | Disl | burseme | nt this | Perio | d |
| | Candidate Name | | Cate | gory/ | , | | | - | | | 40 | 0.00 | П |
| | | | | pe , | | | _ | 7 | _ | 7 | 10 | 0.00 | _ |
| | Office Sought: House Disbursen | | | | | | | | | | | | |
| | | Primary General | | | | | | | | | | | |
| | President State: District: | Other (specify) ▼ | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | _ | | | | | | | | |
| C. | Drew Shustek | | | | | Date o | of Dis | burse | mer | nt | | | |
| | | | | | | M M | / | D | D | / Y | Y | Υ | |
| | Mailing Address 1761 Hancock St. | | | | | 12 | 4 | 0 | 6 | L. | 2012 | _ | |
| | , | State Zip Code NY 11557 | | | | Trans | sacti | on ID | : SI | B21B.50 |)56 | | |
| | Purpose of Disbursement Event Staff | 11001 | 0 | 01 | 7 | | | | | | | | |
| | Candidate Name | | Cate | gory/ | , | Amoun | nt of | ∟ach | Dist | burseme | | Perio 0.00 | d |
| | Office Sought: House Disbursen | nent For: | , | | \neg | | | , | | -7 | | | |
| | | Primary General | | | | | | | | | | | |
| | | Other (specify) ▼ | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | |
| s | UBTOTAL of Disbursements This Page (optional) | | |] | • | | Ξ | , , , , , , , , , , , , , , , , , , , | _ | , | 70 | 0.00 | |
| Т | OTAL This Period (last page this line number only) | | |) | - | | | | | | | | |

| 31 | CHEDULE B (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 12 OF | | | | | | | | |
|------------|--|-------------|-----------------------------------|-----------------------------|----------|--------|----------|---------|---------|---------|----------------|--|
| IT | EMIZED DISBURSEMENTS | | arate schedule(s) category of the | (check o | nly one) | | | | | | | |
| | | | Summary Page | X 2 | | L | 23 | | 24 | 25 | 26 | |
| _ | | | | 2 | | За | 28b | | 28c | 29 | 30b | |
| | ny information copied from such Reports and Statem for commercial purposes, other than using the name | | | | | | | | | | | |
| ackslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| $ \rangle$ | Tri-State Maxed-Out Women | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| Α. | James Stanton | | | | | e of | Disburs | ement | V | Y | V | |
| | Mailing Address 235 East 22nd St. #15HI | | | | | 12 | | 09 | | 2012 | | |
| | , | State | Zip Code | | т. | anca | ction II |) · CD2 | 1 B 504 | ο. | | |
| | | NY | 10010 | | '' | анза | CHOHIL |) . JD2 | 10.304 | .9 | | |
| | Purpose of Disbursement Graphic Design | | | 001 | Am | ount (| of Each | Disbu | rsemer | nt this | Period | |
| | Candidate Name | | | Category/ | 11 | | | | - | 225 | 5.00 | |
| | Office Sought: House Disbursen | nent For | | Туре | | | 7 | | 7 | | | |
| | | Primary | General | | | | | | | | | |
| | President State: District: | Other (spe | cify) 🔻 | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| В. | Marcia Dickstein Sudolsky | | | | | e of | Disburs | | V | Y | V | |
| | Mailing Address 445 Park Avenue 9th Floor | | | | | 11 | | 28 | | 2012 | Y | |
| | New York | State NY | Zip Code 10022 | | Ti | ansa | ction II |) : SB2 | 21B.504 | 17 | | |
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| SCHEDULE B (FEC Form 3X) | | FOR LINE | PAGE | E 13 OF 13 | | | | |
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| ITEMIZED DISBURSEMENTS | Use separate schedule(s for each category of the |) (check only | one) | 1 05 | | | | |
| | Detailed Summary Page | X 21b 27 | 22 28a | 23 28b | 24 28c | 25 29 | 26 30b | |
| Any information copied from such Reports and State | mente may not be cold or | | | | | | | |
| or for commercial purposes, other than using the nati | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | |
| Tri-State Maxed-Out Women | | | | | | | | |
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