

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

L PAC

ADDRESS (number and street) ▼

1001 G Street, NW

Suite 800

Washington

DC

20001

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00519413

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

01

2015

12

31

2015

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

Type or Print Name of Treasurer Hilary Rosen

Signature of Treasurer

Hilary Rosen

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

30

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

L PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 07 01 2015

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		45659.96
(b) Cash on Hand at Beginning of Reporting Period.....	115750.42	
(c) Total Receipts (from Line 19) .....	365248.53	704252.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	480998.95	749912.49
7. Total Disbursements (from Line 31) .....	388143.19	657056.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	92855.76	92855.76
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

L PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 01 2015

To:

M M / D D / Y Y Y Y Y  
12 31 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

153400.00

169775.64

(ii) Unitemized .....

6966.00

7113.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

160366.00

176888.64

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

5000.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

165366.00

181888.64

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.88

40.28

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

199881.65

522323.61

## 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))..... ►

365248.53

704252.53

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

365248.53

704252.53

**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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	1217.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	1217.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	6125.64
24. Independent Expenditures (use Schedule E) .....	0.00	6016.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	388143.19	643697.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	388143.19	657056.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	388143.19	657056.73

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	165366.00	181888.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	165366.00	181888.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	1217.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.88	40.28
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	-0.88	1177.31

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Nancy Asch**

Mailing Address 43 Lanvale Ave

City

Asheville

State

NC

Zip Code

28806-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Musician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2015

Transaction ID : VNW3HDZS300

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Tess Ayers**Mailing Address 21700 Oxnard St  
Ste 2030

City

Woodland Hills

State

CA

Zip Code

91367-7545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Little Mama, Inc.

Occupation

Filmmaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2015

Transaction ID : VNW3HDZMB15

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Tess Ayers**Mailing Address 21700 Oxnard St  
Ste 2030

City

Woodland Hills

State

CA

Zip Code

91367-7545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Little Mama, Inc.

Occupation

Filmmaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2015

Transaction ID : VNW3HE37VE8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 120  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Austin Baidas**

Mailing Address 800 W Cornelia Ave  
Apt 400

City State Zip Code  
Chicago IL 60657-1948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2015

**Transaction ID : VNW3HE0MW54**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. John Barabino**

Mailing Address PO Box 5010

City State Zip Code  
Monroe CT 06468-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : VNW3HE3NGK3**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Walter Bock**

Mailing Address 114 Hudson Ave

City State Zip Code  
Tenaflly NJ 07670-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 26 / 2015

**Transaction ID : VNW3HE3QM73**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1250.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 120

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Elizabeth Bremner**

Mailing Address 907 Allahna way

City

Santa Fe

State

NM

Zip Code

87501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Philanthropy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 22 / 2015

Transaction ID : VNW3HE0N841

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Rea Carey**

Mailing Address 2432 20th St NW

City

Washington

State

DC

Zip Code

20009-1544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National LGBTQ Task Force - Be You

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2015

Transaction ID : VNW3HE0K4J9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Elyse Cherry**

Mailing Address 46 Cotswold Rd

City

Brookline

State

MA

Zip Code

02445-5837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boston Community Capital

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : VNW3HDZWC36

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

5750.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Kate Clinton**

Mailing Address 230 W End Ave  
Apt 10C

City State Zip Code  
New York NY 10023-3664

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2015

**Transaction ID : VNW3HE3K9V7**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Karen Dixon**

Mailing Address 2414 Tracy PI NW

City State Zip Code  
Washington DC 20008-1627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

N/A

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2015

**Transaction ID : VNW3HE3NVH1**

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

## **C. Jennifer Duce**

Mailing Address 1744 Daytonia Rd

City State Zip Code  
Miami Beach FL 33141-1735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

United airlines

Pilot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

**Transaction ID : VNW3HE2F433**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

25400.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 120  
(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)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Virginia Emes**

Mailing Address 1441 Q St NW

City	State	Zip Code
Washington	DC	20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Emes

Occupation

Landlord/Property Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	04	/	2015

**Transaction ID : VNW3HDZM8V4**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Michael Field**Mailing Address 50 Central Park West  
Apartment 5A

City	State	Zip Code
New York	NY	10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Field Real Estate Holdings

Occupation

Real Estate Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	19	/	2015

**Transaction ID : VNW3HDZ8CP9**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Barcy Fisher**

Mailing Address 1620 7th Ave W

City	State	Zip Code
Seattle	WA	98119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Stay at home mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	24	/	2015

**Transaction ID : VNW3HE01HG7**

Amount of Each Receipt this Period

550.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

4050.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 120

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Andrea Friedman**

Mailing Address 1404 W Foster Ave  
# 3

City State Zip Code  
Chicago IL 60640-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AF Advocacy

Occupation

Advocate/Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2015

**Transaction ID : VNW3HE39HC7**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **B. Chris Gattuso**

Mailing Address 3252 Aberfoyle PI NW

City State Zip Code  
Washington DC 20015-2356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kilpatrick Townsend & Stockton LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

**Transaction ID : VNW3HDZ20Y1**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. Cynthia Glott**

Mailing Address 11 Birch Hill Rd

City State Zip Code  
Newton MA 02465-2552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Museum of Fine Arts, Boston

Occupation

Director, Planning and Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2015

**Transaction ID : VNW3HDZ7Q25**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2875.00

# **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 12 OF 120

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Phillip M Goldberg**

Mailing Address 2323 N Janssen Ave

City  
Chicago

State  
IL

Zip Code  
60614-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Foley & Lardner LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2015

**Transaction ID : VNW3HE0MY81**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Mary Harper**

Mailing Address 1535 Grand Ave

City

Kalamazoo

State

MI

Zip Code

49006-4416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

**Transaction ID : VNW3HE3TFM1**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Alan Hergott**

Mailing Address 150 S Rodeo Dr

FI 3

City

Beverly Hills

State

CA

Zip Code

90212-2410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bloom Hergott et al

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2015

**Transaction ID : VNW3HDZRYE8**

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2500.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Alan Hergott**

Mailing Address 150 S Rodeo Dr  
 FL 3

City State Zip Code  
 Beverly Hills CA 90212-2410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bloom Hergott et al

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 14 2015

**Transaction ID : VNW3HE3K4D6**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Kris A Hermanns**

Mailing Address 1730 22nd Ave, #609W

City State Zip Code  
 Seattle WA 98122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pride Foundation

Occupation

Nonprofit Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 31 2015

**Transaction ID : VNW3HE05QQ8**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

## **C. Amanda Hite**

Mailing Address 304 Arlington Rd

City State Zip Code  
 Brookville OH 45309-1323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BTC Revolutions

Occupation

Co-founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

**Transaction ID : VNW3HE3AF72**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2100.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Becky Huinker**

Mailing Address 1431 W Summerdale Ave  
Unit 2B

City State Zip Code  
Chicago IL 60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bryan Cave LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2015

**Transaction ID : VNW3HE0MKZ1**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Linda Hyland**

Mailing Address 10 Bowdoin St  
Apt 20

City State Zip Code  
Boston MA 02114-4239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brigham and Women's Hospital

Occupation

Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2015

**Transaction ID : VNW3HE2T9T0**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Delana Jones**

Mailing Address 5009 SW Hanford St

City State Zip Code  
Seattle WA 98116-2936

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moxie Media

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : VNW3HE3Q938**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1250.00

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Margaret Jones**

Mailing Address 3541 N. Fremont Street

City State Zip Code  
 Chicago IL 60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hyatt Hotels

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

**Transaction ID : VNW3HE0FPW4**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Billie Jean King**

Mailing Address 21 Rickland Dr

City State Zip Code  
 Randolph NJ 07869-4320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

World Team Tennis

Occupation

Tennis Promoter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

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

**Transaction ID : VNW3HE3MHY6**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

## **C. Karin Kirchoff**

Mailing Address 5800 9th Rd N

City State Zip Code  
 Arlington VA 22205-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

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

**Transaction ID : VNW3HE3ANB7**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

11250.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Jeanne Leszczynski**

Mailing Address 65 Wellesley Ave

City

Needham

State

MA

Zip Code

02494-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2015

**Transaction ID : VNW3HE24AJ6**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Amy Mandel**

Mailing Address 126 Nordic Trl

City

Asheville

State

NC

Zip Code

28804-1970

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

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

**Transaction ID : VNW3HDZPPC9**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. Gwen Marcus**

Mailing Address 2000 Broadway  
# PH1B

City

New York

State

NY

Zip Code

10023-5028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Showtime

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

**Transaction ID : VNW3HE1B9M4**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

10550.00



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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Friedrike Merck**

Mailing Address 1732 1st Ave  
# 28114

City State Zip Code  
New York NY 10128-5177

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2015

**Transaction ID : VNW3HE3M4W2**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Aisha Moodie-Mills**

Mailing Address 1441 Harvard St NW  
Apt 2

City State Zip Code  
Washington DC 20009-4695

FEC ID number of contributing  
federal political committee.

C

Name of Employer

President & CEO

Occupation

Gay and Lesbian Victory Fund

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2015

**Transaction ID : VNW3HE39N43**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Martina Navratilova**

Mailing Address 3659 Bayview Rd

City State Zip Code  
Miami FL 33133-6502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martina Enterprises,inc

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2015

**Transaction ID : VNW3HE3SB88**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

4000.00

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Dr Betty Orlandino**

Mailing Address 3332 NE 190th St  
UPH15

City State Zip Code  
Aventura FL 33180-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Master Exec Coach

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2015

**Transaction ID : VNW3HDZS8F8**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Robert Petris**

Mailing Address 927 Parker Gray School Way

City State Zip Code  
Alexandria VA 22314-6443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Petris & Johnson

Executive Search

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

**Transaction ID : VNW3HE2ZQ98**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Beth Pile**

Mailing Address 16407 John Rowland Trl

City State Zip Code  
Milton DE 19968-3548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Promontory Interfinancial Network

Chief Risk Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

**Transaction ID : VNW3HE35VV5**

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1625.00

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Tina Podlodowski**

Mailing Address 1620 7th Ave W

City  
Seattle

State  
WA

Zip Code  
98119-2919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

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

**Transaction ID : VNW3HE1J586**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Tina Podlodowski**

Mailing Address 1620 7th Ave W

City  
Seattle

State  
WA

Zip Code  
98119-2919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8500.00

Date of Receipt

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

**Transaction ID : VNW3HE3MEA1**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Nancy Proffitt**

Mailing Address 326 Maddock St

City  
West Palm Beach

State  
FL

Zip Code  
33405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Proffitt Management Solutions

Occupation

Business Coach

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

**Transaction ID : VNW3HE19MD5**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

3800.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Sue Reamer**Mailing Address 20 Webster St  
Apt 213

City	State	Zip Code
Brookline	MA	02446-4963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	1		2	0	1	5		

Transaction ID : VNW3HE0MKA5

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Alix L Ritchie**

Mailing Address PO Box 30220

City	State	Zip Code
Fort Lauderdale	FL	33303-0220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		1	2		2	0	1	5		

Transaction ID : VNW3HDZS2Z2

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

**C. Hilary Rosen**

Mailing Address 4835 Hutchins PI NW

City	State	Zip Code
Washington	DC	20007-1529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SKDKnickerbocker

Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	5		2	0	1	5		

Transaction ID : VNW3HE1J410

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)..... ►

62500.00

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

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Jean Saul**

Mailing Address 1470 S Quebec Way  
#115

City State Zip Code  
Denver CO 80231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

**Transaction ID : VNW3HE1HM72**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Elizabeth Schwartz**

Mailing Address 690 Lincoln Rd  
304

City State Zip Code  
Miami Beach FL 33139-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Elizabeth F Schwartz, PA

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 13 / 2015

**Transaction ID : VNW3HE2PFD0**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kyle Spainhour**

Mailing Address 1177 22ns St NW  
Unit 8C

City State Zip Code  
Washington DC 20037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Leidos Inc.

Occupation

SVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 24 / 2015

**Transaction ID : VNW3HE01QB0**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2000.00

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Sally Susman**

Mailing Address 113 East 19th Street

City  
New York

State Zip Code  
NY 10003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pfizer

Occupation

EVP Corporate Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

**Transaction ID : VNW3HDZXY56**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Lillian Tamayo**

Mailing Address 6307 Garden Ave

City  
West Palm Beach

State Zip Code  
FL 33405-4201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Planned Parenthood - South Florida

Occupation

Healthcare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2015

**Transaction ID : VNW3HE1NGB7**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. LA Teodosio**

Mailing Address 29 Pearl St

City  
Provincetown

State Zip Code  
MA 02657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Film & Technology Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2015

**Transaction ID : VNW3HDYQQN0**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

5550.00

# **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)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. John VanderLinden**

Mailing Address 2430 N Lakeview Ave

City

Chicago

State

IL

Zip Code

60614-2877

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Berkshire Hathaway

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 22 / 2015

**Transaction ID : VNW3HE0N375**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Donna Victoria**

Mailing Address 1104 Merwood Dr

City

Takoma Park

State

MD

Zip Code

20912-6912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Victoria Research

Occupation

Market Researcher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

08 / 14 / 2015

**Transaction ID : VNW3HDZVAP4**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Joanne Weiner**

Mailing Address 1617 SW 20th Ave

City

Boca Raton

State

FL

Zip Code

33486-8522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palm Beach Academy

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

12 / 08 / 2015

**Transaction ID : VNW3HE3BKP5**

Amount of Each Receipt this Period

1700.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

4700.00

# **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 120

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. B. Rodney White**

Mailing Address 1035 Adams St.

City State Zip Code  
Hollywood FL 33019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer Occupation  
Making Projects Work, Inc. consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**10 / 05 / 2015**

**Transaction ID : VNW3HE12M24**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jeri Wolfson**

Mailing Address PO Box 1680

City State Zip Code  
Sun Valley ID 83353-1680

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer Occupation  
Self-employed Art Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**12 / 31 / 2015**

**Transaction ID : VNW3HE3T1C6**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1250.00

153400.00



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

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

FOR LINE NUMBER: PAGE 25 OF 120  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. PLANNED PARENTHOOD ACTION FUND INC. PAC**

Mailing Address 434 W 33rd St

City State Zip Code  
 New York NY 10001-2601

FEC ID number of contributing  
federal political committee.

**C** C00314617

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

**Transaction ID : VNW3HE3AH68**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

5000.00

5000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Naomi Aberly**

Mailing Address 8 Mount Vernon Pl

City  
BostonState  
MAZip Code  
02108-1406FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : VNW3HE0N5J5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. J. Bob Alotta**Mailing Address 122 Adelphi St  
4ACity  
BrooklynState  
NYZip Code  
11205-2305FEC ID number of contributing  
federal political committee.

C

Name of Employer

Astraea Foundation

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2015

Transaction ID : VNW3HDZ9P61

Amount of Each Receipt this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Desiray Bailey**Mailing Address 22515 6th Ave S  
Unit 502City  
Des MoinesState  
WAZip Code  
98198FEC ID number of contributing  
federal political committee.

C

Name of Employer

NA

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : VNW3HE099W0

Amount of Each Receipt this Period

250.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. James Bennett**

Mailing Address 5353 N Magnolia Ave

City

Chicago

State

IL

Zip Code

60640-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lamda Legal

Occupation

Regional Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2015

Transaction ID : VNW3HE2NZQ5

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Susan Bernstein**

Mailing Address 82 Ellery St

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Artist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2015

Transaction ID : VNW3HDZ9TK3

Amount of Each Receipt this Period

2500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Amy Bloom**Mailing Address 1000 NW North River Dr  
# 135

City

Miami

State

FL

Zip Code

33136-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida International University

Occupation

Corporate Sponsorships Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : VNW3HE2N6G7

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

7800.00

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  
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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Sandra Bodner**

Mailing Address 21 Yale St

City

Medford

State

MA

Zip Code

02155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sandy Bodner Strategic Communications

Occupation

Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 17 / 2015

**Transaction ID : VNW3HE0K0P2**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Elizabeth Broderick Broderick**

Mailing Address 1161 Dolphin Rd

City

Riviera Beach

State

FL

Zip Code

33404-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 10 / 2015

**Transaction ID : VNW3HE2JBX6**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Loretta Butehorn**

Mailing Address 345 Neponset Ave

City

Dorchester

State

MA

Zip Code

02122-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Psychologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2015

**Transaction ID : VNW3HDZ9MT5**

Amount of Each Receipt this Period

250.00

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

800.00

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

Use separate schedule(s)  
for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Tracey Button**

Mailing Address 480 N McClurg Court #1113

City State Zip Code  
 Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Art Institute of Chicago

Occupation

Director of Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2015

**Transaction ID : VNW3HE0NJ19**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Clara Cantor**

Mailing Address 1201 N Southlake Dr

City State Zip Code  
 Hollywood FL 33019-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2015

**Transaction ID : VNW3HE2T6M7**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Guy Cecil III**

Mailing Address 1432 T St NW

City State Zip Code  
 Washington DC 20009-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

**Transaction ID : VNW3HE3AJA3**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1050.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Kate Clinton**

Mailing Address 230 W End Ave  
Apt 10C

City State Zip Code  
New York NY 10023-3664

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2015

**Transaction ID : VNW3HDZ9MZ5**

Amount of Each Receipt this Period

1000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

## **B. Barbara E Cohen**

Mailing Address 2 Allerton St  
# A

City State Zip Code  
Provincetown MA 02657-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2015

**Transaction ID : VNW3HDZ9TM1**

Amount of Each Receipt this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

## **C. Constance Collins**

Mailing Address 8841 Garland Ave

City State Zip Code  
Surfside FL 33154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Surfside

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

**Transaction ID : VNW3HE0G4S9**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2250.00

# **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)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Ana Cruz**

Mailing Address 6802 N River Shore Dr

City  
Tampa

State  
FL

Zip Code  
33604-5927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Floridian Partners LLC

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**12 / 07 / 2015**

**Transaction ID : VNW3HE3AJ04**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Susan Culligan**

Mailing Address 1900 Purdy Ave  
Apt 2310

City

Miami Beach

State

FL

Zip Code

33139-1496

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Purple Roofs

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**10 / 29 / 2015**

**Transaction ID : VNW3HE20VC6**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Susan Culligan**

Mailing Address 1900 Purdy Ave  
Apt 2310

City

Miami Beach

State

FL

Zip Code

33139-1496

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Purple Roofs

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

**11 / 02 / 2015**

**Transaction ID : VNW3HE2AAF1**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Roxanne Cumming**

Mailing Address 8930 SW 5th Ave

City

Portland

State

OR

Zip Code

97219-4822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self as Roxanne Cumming, MD

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			01			2015					

Transaction ID : VNW3HE26RZ4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Joseph Falk**

Mailing Address 1770 Micanopy Ave

City

Miami

State

FL

Zip Code

33133-3323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Akerman LLP

Occupation

Consultant.

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : VNW3HE1WXH7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Victoria Federici**Mailing Address 1310 Cleveland Rd  
Ste 200

City

Miami Beach

State

FL

Zip Code

33141-1713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

N/A

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			03			2015					

Transaction ID : VNW3HE2BVN2

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1300.00

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 120  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Diane Felicio**

Mailing Address 39 Westchester Road

City	State	Zip Code
Jamaica Plain	MA	02130

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Community CatalystOccupation  
Fundraiser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2015

**Transaction ID : VNW3HDZ9N03**

Amount of Each Receipt this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Diane Felicio**

Mailing Address 39 Westchester Road

City	State	Zip Code
Jamaica Plain	MA	02130

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Community CatalystOccupation  
Fundraiser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2015

**Transaction ID : VNW3HE14JZ4**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dolores M Filardi**

Mailing Address PO Box 1203

City	State	Zip Code
Truro	MA	02666-1203

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

Name of Employer

Not employed

Occupation  
Not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2015

**Transaction ID : VNW3HDZ9N10**

Amount of Each Receipt this Period

500.00

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

1250.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 120  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Janet Frazier**

Mailing Address 18 Granville Road

City	State	Zip Code
Lincoln	MA	01773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maloney Properties, Inc.Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

**Transaction ID : VNW3HE0TAB1**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Marianne Gabel**

Mailing Address 157 Collingwood St

City	State	Zip Code
San Francisco	CA	94114-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Non profit fundraiser

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	/	16	/	2015

**Transaction ID : VNW3HE2T2B9**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Elizabeth Gadinsky**

Mailing Address 3530 Pine Tree Drive

City	State	Zip Code
Miami Beach	FL	33140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
noneOccupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

**Transaction ID : VNW3HE1EMS1**

Amount of Each Receipt this Period

500.00

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

1050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Miriam Gallardo**

Mailing Address 437 D Street #6D

City  
BostonState  
MAZip Code  
02210FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oracle

Occupation

Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : VNW3HE18VC4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Miriam Gallardo**

Mailing Address 437 D Street #6D

City  
BostonState  
MAZip Code  
02210FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oracle

Occupation

Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2015

Transaction ID : VNW3HE2T285

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**C. Faith Gay**Mailing Address 40 5th ave 3A  
# 3ACity  
NycState  
NYZip Code  
10011FEC ID number of contributing  
federal political committee.

C

Name of Employer

Quinn Emanuel

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : VNW3HE12ED9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2700.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 120  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Leslie Giblett**Mailing Address 2311 North 45th Street  
#335

City	State	Zip Code
Seattle	WA	98103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : VNW3HE0CK37**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Carlos J Gomez**

Mailing Address 8500 NE 10th Ave

City	State	Zip Code
Miami	FL	33138-3609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Eye Care

Occupation

Healthcare Executive

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	/	13	/	2015

**Transaction ID : VNW3HE2P7Y9**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Carlos J Gomez**

Mailing Address 8500 NE 10th Ave

City	State	Zip Code
Miami	FL	33138-3609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Eye Care

Occupation

Healthcare Executive

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	/	13	/	2015

**Transaction ID : VNW3HE2P8M1**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

800.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 120

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Jeremy Gottschalk**

Mailing Address 3300 N Kenmore Ave

Unit E

City

Chicago

State

IL

Zip Code

60657-7079

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Sittercity, Inc.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**09 / 30 / 2015**

**Transaction ID : VNW3HE0Z0Z6**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Katherine Grainger**

Mailing Address 56 Court St

2E

City

Brooklyn

State

NY

Zip Code

11201-4912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Civitas

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**12 / 05 / 2015**

**Transaction ID : VNW3HE3A7Y6**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Richard L Grossman**

Mailing Address 1919 N Lakeside Dr

City

Lake Worth

State

FL

Zip Code

33460-6336

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**07 / 20 / 2015**

**Transaction ID : VNW3HDZ9NE3**

Amount of Each Receipt this Period

250.00

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 120  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Agnes Gund**Mailing Address 765 Park Ave  
Apt 14B

City	State	Zip Code
New York	NY	10021-4271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Museum of Modern Art

Occupation

President Emerita, Art Historian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	8		2	0	1	5		

**Transaction ID : VNW3HE0AV62**

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

**B. Rebecca Haag**Mailing Address 21 Father Gilday Street  
#502

City	State	Zip Code
Boston	MA	02118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boston

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	9		2	0	1	5		

**Transaction ID : VNW3HE24Y80**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Gabrielle Hanna**

Mailing Address 41 Pleasant St

City	State	Zip Code
Provincetown	MA	02657-2000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coldwell Banker Pat Shultz Real Estate

Occupation

Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	0		2	0	1	5		

**Transaction ID : VNW3HDZ9NG7**

Amount of Each Receipt this Period

250.00

Non-Contribution Account

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

25500.00

# **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 120

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Monisha Harrell**

Mailing Address 18203 Larch Way

City  
Lynnwood

State  
WA

Zip Code  
98037-4942

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Self

Occupation

Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**09 / 08 / 2015**

**Transaction ID : VNW3HE0AV79**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Sue Harrison**

Mailing Address PO Box 7096

City

Fort Lauderdale

State

FL

Zip Code

33338-7096

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

My Old Florida

Occupation

New Media Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**07 / 20 / 2015**

**Transaction ID : VNW3HDZ9N36**

Amount of Each Receipt this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Linda Ketner**

Mailing Address 12 Church St

City

Charleston

State

SC

Zip Code

29401-2744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

KSI Lead. and Management Dev.

Occupation

Management Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**12 / 16 / 2015**

**Transaction ID : VNW3HE3MBY3**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

5500.00

# **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 40 OF 120

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Pj Layng**

Mailing Address 248 Cortez Rd

City

West Palm Beach

State

FL

Zip Code

33405-4106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Girl Scouts

Occupation

Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**07 / 20 / 2015**

**Transaction ID : VNW3HDZ9NA2**

Amount of Each Receipt this Period

1000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Pj Layng**

Mailing Address 248 Cortez Rd

City

West Palm Beach

State

FL

Zip Code

33405-4106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Girl Scouts

Occupation

Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

**11 / 16 / 2015**

**Transaction ID : VNW3HE2T6V3**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Joan Lenane**

Mailing Address PO Box 681

City

Provincetown

State

MA

Zip Code

02657-0681

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Self Employed

Occupation

Real Estate Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**07 / 20 / 2015**

**Transaction ID : VNW3HDZ9NB9**

Amount of Each Receipt this Period

300.00

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1450.00



# **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 41 OF 120

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Jeanne Leszczynski**

Mailing Address 65 Wellesley Ave

City

Needham

State

MA

Zip Code

02494-1821

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**10 / 04 / 2015**

**Transaction ID : VNW3HE11TH6**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Maria Lopez**

Mailing Address 22 Beacon Heights Dr

City

Newton Center

State

MA

Zip Code

02459-2022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**07 / 20 / 2015**

**Transaction ID : VNW3HDZ9NH5**

Amount of Each Receipt this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Patty Ma**

Mailing Address 1690 Washington St  
Apt 4

City

Boston

State

MA

Zip Code

02118-3370

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Axiom

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**07 / 21 / 2015**

**Transaction ID : VNW3HDZAK13**

Amount of Each Receipt this Period

250.00

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 120

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Stephen Magliocco**

Mailing Address PO Box 654

City

North Truro

State

MA

Zip Code

02652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Architect

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	4		2	0	1	5		

**Transaction ID : VNW3HDZDGB8**

Amount of Each Receipt this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Patricia Marshall**

Mailing Address 208 Willow Brook Dr

City

Wayland

State

MA

Zip Code

01778-5124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Business Owner

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	0		2	0	1	5		

**Transaction ID : VNW3HDZ9NQ2**

Amount of Each Receipt this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Rick McCarthy**

Mailing Address 11 Dartmouth Pl

# 3

City

Boston

State

MA

Zip Code

02116-6106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Bank

Occupation

Banker

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	1		2	0	1	5		

**Transaction ID : VNW3HDZAK63**

Amount of Each Receipt this Period

250.00

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 OF 120

(check only one)

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Tim McCarthy

Mailing Address PO Box 1446

City

Provincetown

State

MA

Zip Code

02657-5446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIPTV

Occupation

Publisher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	5

Transaction ID : VNW3HDZAKB2

Amount of Each Receipt this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Anita McGahan

Mailing Address PO Box 654

City

Provincetown

State

MA

Zip Code

02657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Toronto

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	5

Transaction ID : VNW3HE07460

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Linda Morton

Mailing Address 7024 1st Ave NW

City

Seattle

State

WA

Zip Code

98117-4801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	5

Transaction ID : VNW3HE0AV87

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

# **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 120

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Georgia Murray**

Mailing Address 433 Shawmut Avenue

City State Zip Code  
 Boston MA 02118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**09 / 22 / 2015**

**Transaction ID : VNW3HE0N655**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Giulia Norton**

Mailing Address 19 Cranston St.

City State Zip Code  
 Jamaica Plain MA 02130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Neighborhood Health Plan

Occupation

Manager of Medical Economics-Clinical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**09 / 27 / 2015**

**Transaction ID : VNW3HE0S5F4**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **C. Giulia Norton**

Mailing Address 19 Cranston St.

City State Zip Code  
 Jamaica Plain MA 02130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Neighborhood Health Plan

Occupation

Manager of Medical Economics-Clinical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**09 / 27 / 2015**

**Transaction ID : VNW3HE0S5G2**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

750.00

# **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 120

(check only one)

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Clark Pellett**

Mailing Address 680 N Lake Shore Dr  
Apt 1302

City	State	Zip Code
Chicago	IL	60611-4482

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : VNW3HE1QFA4

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Kathryn E Pile**

Mailing Address 16407 John Rowland Trl

City	State	Zip Code
Milton	DE	19968-3548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Promontory Interfinancial Network

Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID : VNW3HE3AJ79

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Tina Podlodowski**

Mailing Address 1620 7th Ave W

City	State	Zip Code
Seattle	WA	98119-2919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-employed

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : VNW3HE0CHW9

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

8000.00

# **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 46 OF 120

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Tina Podlodowski**

Mailing Address 1620 7th Ave W

City  
Seattle

State  
WA

Zip Code  
98119-2919

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Self-employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4768.13

Date of Receipt

**09 / 17 / 2015**

**Transaction ID : VNW3HE11MG6**

Amount of Each Receipt this Period

2268.13

In-kind contribution

Full Name (Last, First, Middle Initial)

## **B. Laura Ricketts**

Mailing Address 1615 W Rosehill Dr

City  
Chicago

State  
IL

Zip Code  
60660-4017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Self

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

155000.00

Date of Receipt

**12 / 23 / 2015**

**Transaction ID : VNW3HE5BPY8**

Amount of Each Receipt this Period

50000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Alix L Ritchie**

Mailing Address PO Box 30220

City  
Fort Lauderdale

State  
FL

Zip Code  
33303-0220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Self-Employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

51024.00

Date of Receipt

**07 / 02 / 2015**

**Transaction ID : VNW3HE5X8Z9**

Amount of Each Receipt this Period

1024.00

In-kind contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

53292.13

# **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 120

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Alix L Ritchie**

Mailing Address PO Box 30220

City

Fort Lauderdale

State

FL

Zip Code

33303-0220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

101024.00

Date of Receipt

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

Transaction ID : VNW3HE3PN44

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

**B. Sally Rose**

Mailing Address PO Box 681

City

Provincetown

State

MA

Zip Code

02657-0681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Provincetown Banner

Occupation

Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			05			2015					

Transaction ID : VNW3HE2D2R8

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Hilary Rosen**

Mailing Address 4835 Hutchins PI NW

City

Washington

State

DC

Zip Code

20007-1529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SKDKnickerbocker

Occupation

Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
07			11			2015					

Transaction ID : VNW3HDYYYB1

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

57500.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Sheryl Rosenfield**Mailing Address 13611 Deering Bay Dr  
Apt 901

City	State	Zip Code
Coral Gables	FL	33158-2842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Consultant

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	/	16	/	2015

Transaction ID : VNW3HE2T2F9

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Leslie J Sandberg**

Mailing Address 10 Thistlemore Rd

City	State	Zip Code
Provincetown	MA	02657-1750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2015

Transaction ID : VNW3HDZ9ND5

Amount of Each Receipt this Period

1000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Linda Serafini**

Mailing Address 86 Hammond St

City	State	Zip Code
Acton	MA	01720-3225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

CSC ServiceWorks

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2015

Transaction ID : VNW3HDZAWT0

Amount of Each Receipt this Period

500.00

Non-Contribution Account

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

1800.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 120

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Sheila S Sheehan**

Mailing Address 594 Commercial St

City  
Provincetown

State  
MA

Zip Code  
02657-1726

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

None

Occupation

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**07 / 20 / 2015**

**Transaction ID : VNW3HDZ9NV4**

Amount of Each Receipt this Period

2500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

## **B. Naomi Sobel**

Mailing Address 4623 Melbourne Ave  
Apt 1

City  
Los Angeles

State  
CA

Zip Code  
90027-4258

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Astraea Lesbian Found. for Jus

Occupation

Fundraising

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

**08 / 25 / 2015**

**Transaction ID : VNW3HE02TC3**

Amount of Each Receipt this Period

3600.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

## **C. Campbell Spencer**

Mailing Address 4615 N Park Ave  
Apt 501

City  
Chevy Chase

State  
MD

Zip Code  
20815-4512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

The Campbell Spencer Group

Occupation

Public Affairs Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**12 / 07 / 2015**

**Transaction ID : VNW3HE3AJ61**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

6600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 120

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

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

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Thomas Stearns**

Mailing Address 12 Mechanic St

City

Provincetown

State

MA

Zip Code

02657-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Transaction ID : VNW3HDZH5K1

Amount of Each Receipt this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Urvashi Vaid**Mailing Address 230 W End Ave  
Apt 10C

City

New York

State

NY

Zip Code

10023-3664

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Vaid Group LLC

Occupation

Attorney/Writer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

10500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	1	5

Transaction ID : VNW3HE3MBZ1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ann Viitala**

Mailing Address 3449 45th Ave S

City

Minneapolis

State

MN

Zip Code

55406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Employer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	5

Transaction ID : VNW3HE08FB0

Amount of Each Receipt this Period

1000.00

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 51 OF 120  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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

Full Name (Last, First, Middle Initial) <b>A. Olive Watson</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>12 / 04 / 2015</div> </div>	
Mailing Address 1550 Daytonia Rd			<b>Transaction ID : VNW3HE3A3N5</b>	
City Miami Beach	State FL	Zip Code 33141-1731	Amount of Each Receipt this Period <div> <div>2000.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer Self		Occupation Real Estate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>2000.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. Gail Williams</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>07 / 20 / 2015</div> </div>	
Mailing Address 1000 S Pointe Dr Apt 2101			<b>Transaction ID : VNW3HDZ9NS8</b>	
City Miami Beach	State FL	Zip Code 33139-7348	Amount of Each Receipt this Period <div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer Williams McCall Gallery		Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div>		

Non-Contribution Account

Full Name (Last, First, Middle Initial) <b>C. Cris Williamson</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>09 / 06 / 2015</div> </div>	
Mailing Address 346 N 75th Street			<b>Transaction ID : VNW3HE09KJ1</b>	
City Seattle	State WA	Zip Code 98103	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer Self		Occupation Singer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2750.00

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

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

FOR LINE NUMBER: PAGE 52 OF 120  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Susan Wilson**

Mailing Address 1309 Beacon St., Suite #1

City State Zip Code  
 Brookline MA 02446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Law Offices of Susan Wilson, LLC

Occupation  
 Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**09 / 10 / 2015**

**Transaction ID : VNW3HE0B902**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jeri Wolfson**

Mailing Address PO Box 1680

City State Zip Code  
 Sun Valley ID 83353-1680

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-employed

Occupation  
 Art Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**10 / 29 / 2015**

**Transaction ID : VNW3HE24A03**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

750.00

191492.13

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

### A. Alamo Rent-a-Car

Date of Disbursement

Category/  
Type

Transaction ID : VNV499SJ951

Amount of Each Disbursement this Period

224.84

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

### B. American Airlines

Date of Disbursement

09 / 08 / 2015

Candidate Name

Category/  
Type

Transaction ID : VNV499SJ969

Amount of Each Disbursement this Period

276.20

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

### C. American Airlines

Date of Disbursement

Candidate Name

Category/  
Type

Transaction ID : VNV499SJ977

Amount of Each Disbursement this Period

324.20

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

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

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

825.24

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. American Airlines**Mailing Address 4333 Amon Carter Blvd  
# MD5675

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement  
Travel

Candidate Name

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

Date of Disbursement

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

Transaction ID : VNV499SJ985

Amount of Each Disbursement this Period

1	4	2	3	.	4	4
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. American Airlines**Mailing Address 4333 Amon Carter Blvd  
# MD5675

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement  
Travel

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2015

Transaction ID : VNV499SJ993

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. American Airlines**Mailing Address 4333 Amon Carter Blvd  
# MD5675

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement  
Travel

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : VNV499SJ9A1

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

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

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

1	4	9	8	.	4	4
---	---	---	---	---	---	---

1	4	9	8	.	4	4
---	---	---	---	---	---	---

	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

L PAC

### A. Amtrak

Mailing Address 201 I St NE

City	State	Zip Code
Washington	DC	20002-4449

Purpose of Disbursement	Travel

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : VNV499SJ9B8

Amount of Each Disbursement this Period

422.00

Full Name (Last, First, Middle Initial)

### B. Amtrak

Mailing Address 201 I St NE

City	State	Zip Code
Washington	DC	20002-4449

Purpose of Disbursement	Travel

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

09 / 21 / 2015

Transaction ID : VNV499SJ9C6

Amount of Each Disbursement this Period

755.00

Full Name (Last, First, Middle Initial)

### C. Amtrak

Mailing Address 201 I St NE

City	State	Zip Code
Washington	DC	20002-4449

Purpose of Disbursement	Travel
-------------------------	--------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Date of Disbursement

M M / D D / Y Y Y Y  
09 28 2015

Transaction ID : VNV499SJ9D4

Amount of Each Disbursement this Period

A horizontal bar with a value of 56.00. The bar is light gray with a darker gray border. It has a series of small, dark gray rectangular markers along its top and bottom edges. The value "56.00" is displayed in black text at the right end of the bar.

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

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

1233.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 120

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Amtrak**

Mailing Address 201 I St NE

City  
WashingtonState  
DCZip Code  
20002-4449Purpose of Disbursement  
Travel

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2015

**Transaction ID : VNV499SJ9E2**

Amount of Each Disbursement this Period

1	5	3	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address PO Box 8999

City  
San FranciscoState  
CAZip Code  
94128-8999Purpose of Disbursement  
Credit card processing for PAC

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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

**Transaction ID : VNV499SJ9G8**

Amount of Each Disbursement this Period

4	0	.	7	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address PO Box 8999

City  
San FranciscoState  
CAZip Code  
94128-8999Purpose of Disbursement  
Credit card processing for PAC

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2015

**Transaction ID : VNV499SJ9H6**

Amount of Each Disbursement this Period

4	0	.	7	0
---	---	---	---	---

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

2	3	4	.	4	0
---	---	---	---	---	---

2	3	4	.	4	0
---	---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address PO Box 8999

City

San Francisco

State

CA

Zip Code

94128-8999

Purpose of Disbursement

Credit card processing for PAC

Candidate Name

Category/  
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2015

Transaction ID : VNV499SJ9J4

Amount of Each Disbursement this Period

40.70
-------

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address PO Box 8999

City

San Francisco

State

CA

Zip Code

94128-8999

Purpose of Disbursement

Credit card processing for PAC

Candidate Name

Category/  
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

Transaction ID : VNV499SJ9K2

Amount of Each Disbursement this Period

40.70
-------

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address PO Box 8999

City

San Francisco

State

CA

Zip Code

94128-8999

Purpose of Disbursement

Credit card processing for PAC

Candidate Name

Category/  
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2015

Transaction ID : VNV499SJ9M0

Amount of Each Disbursement this Period

40.70
-------

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

122.10
--------

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 120

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 700 13th St NW

City  
WashingtonState  
DCZip Code  
20005-3950Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

**Transaction ID : VNV499SJTE9**

Amount of Each Disbursement this Period

948.11
--------

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 700 13th St NW

City  
WashingtonState  
DCZip Code  
20005-3950Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2015

**Transaction ID : VNV499SJTF7**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**C. Best Western**

Mailing Address 6201 N 24th Pkwy

City  
PhoenixState  
AZZip Code  
85016-2023Purpose of Disbursement  
Lodging

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

**Transaction ID : VNV499SJTG5**

Amount of Each Disbursement this Period

392.51
--------

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

1355.62
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Carefirst Bluecross/Blueshield**

Mailing Address 840 1st St NE

City  
WashingtonState  
DCZip Code  
20065-0003Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VNV499SJTZ3

Amount of Each Disbursement this Period

548.33
--------

Full Name (Last, First, Middle Initial)

**B. Carefirst Bluecross/Blueshield**

Mailing Address 840 1st St NE

City  
WashingtonState  
DCZip Code  
20065-0003Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : VNV499SJV01

Amount of Each Disbursement this Period

548.33
--------

Full Name (Last, First, Middle Initial)

**C. Carefirst Bluecross/Blueshield**

Mailing Address 840 1st St NE

City  
WashingtonState  
DCZip Code  
20065-0003Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2015

Transaction ID : VNV499SJV19

Amount of Each Disbursement this Period

548.33
--------

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

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

1644.99
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 120

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Carefirst Bluecross/Blueshield**

Mailing Address 840 1st St NE

City  
WashingtonState  
DCZip Code  
20065-0003Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2015

**Transaction ID : VNV499SJV27**

Amount of Each Disbursement this Period

548.33
--------

Full Name (Last, First, Middle Initial)

**B. Carr Workplace**Mailing Address 1101 Connecticut Ave NW  
Ste 450City  
WashingtonState  
DCZip Code  
20036-4359Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : VNV499SJV35**

Amount of Each Disbursement this Period

1855.72
---------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Carr Workplace**Mailing Address 1101 Connecticut Ave NW  
Ste 450City  
WashingtonState  
DCZip Code  
20036-4359Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2015

**Transaction ID : VNV499SJV43**

Amount of Each Disbursement this Period

1849.38
---------

Non-Contribution Account

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

4253.43
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 120

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

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

NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Carr Workplace**Mailing Address 1101 Connecticut Ave NW  
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2015

**Transaction ID : VNV499SJV50**

Amount of Each Disbursement this Period

1850.78
---------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Carr Workplace**Mailing Address 1101 Connecticut Ave NW  
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

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

**Transaction ID : VNV499SJV68**

Amount of Each Disbursement this Period

1849.38
---------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Carr Workplace**Mailing Address 1101 Connecticut Ave NW  
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2015

**Transaction ID : VNV499SJV76**

Amount of Each Disbursement this Period

1849.38
---------

Non-Contribution Account

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

5549.54

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 120

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Carr Workplace**Mailing Address 1101 Connecticut Ave NW  
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2015

**Transaction ID : VNV499SJV84**

Amount of Each Disbursement this Period

1	8	4	9	.	3	8
---	---	---	---	---	---	---

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Civitas Public Affairs**

Mailing Address 601 13th St NW

City Washington State DC Zip Code 20005-3805

Purpose of Disbursement  
Strategic Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

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

**Transaction ID : VNV499RYWP9**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Civitas Public Affairs**

Mailing Address 601 13th St NW

City Washington State DC Zip Code 20005-3805

Purpose of Disbursement  
Strategic Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2015

**Transaction ID : VNV499RXBV4**

Amount of Each Disbursement this Period

4	6	5	.	4	5
---	---	---	---	---	---

Non-Contribution Account

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

1	2	3	1	4	.	8	3
---	---	---	---	---	---	---	---

1	2	3	1	4	.	8	3
---	---	---	---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Civitas Public Affairs**

Mailing Address 601 13th St NW

City  
WashingtonState  
DCZip Code  
20005-3805Purpose of Disbursement  
Strategic Consulting Services

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2015

Transaction ID : VNV499RYX15

Amount of Each Disbursement this Period

10000.00
----------

Full Name (Last, First, Middle Initial)

**B. Civitas Public Affairs**

Mailing Address 601 13th St NW

City  
WashingtonState  
DCZip Code  
20005-3805Purpose of Disbursement  
Strategic Consulting Services

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

Transaction ID : VNV499RZDB8

Amount of Each Disbursement this Period

1079.01
---------

Full Name (Last, First, Middle Initial)

**C. Civitas Public Affairs**

Mailing Address 601 13th St NW

City  
WashingtonState  
DCZip Code  
20005-3805Purpose of Disbursement  
Strategic Consulting Services

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : VNV499S0Y21

Amount of Each Disbursement this Period

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

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

21079.01
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Civitas Public Affairs**

Mailing Address 601 13th St NW

City  
WashingtonState  
DCZip Code  
20005-3805Purpose of Disbursement  
Strategic Consulting Services

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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

Transaction ID : VNV499S6ZT8

Amount of Each Disbursement this Period

10000.00
----------

Full Name (Last, First, Middle Initial)

**B. Civitas Public Affairs**

Mailing Address 601 13th St NW

City  
WashingtonState  
DCZip Code  
20005-3805Purpose of Disbursement  
Travel Reimbursement

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : VNV499S8YM5

Amount of Each Disbursement this Period

770.61
--------

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 201 I St NE

City  
WashingtonState  
DCZip Code  
20002-4449Purpose of Disbursement  
Travel

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : VNV499S8YR7

Amount of Each Disbursement this Period

272.00
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[MEMO ITEM]

\*

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

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

10770.61
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Eventbrite**Mailing Address 155 5th St  
FI 7

City San Francisco State CA Zip Code 94103-2919

Purpose of Disbursement  
Event Tickets

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : VNV499S8YT3

Amount of Each Disbursement this Period

882.40
--------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Uber Technologies**Mailing Address 182 Howard St  
Ste 8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : VNV499S8YS5

Amount of Each Disbursement this Period

48.50
-------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Civitas Public Affairs**

Mailing Address 601 13th St NW

City Washington State DC Zip Code 20005-3805

Purpose of Disbursement  
Strategic Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VNV499SBM44

Amount of Each Disbursement this Period

48.99
-------

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

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

48.99
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Civitas Public Affairs**

Mailing Address 601 13th St NW

City  
WashingtonState  
DCZip Code  
20005-3805Purpose of Disbursement  
Strategic Consulting Services

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : VNV499SJVA0

Amount of Each Disbursement this Period

432.53
--------

Full Name (Last, First, Middle Initial)

**B. Civitas Public Affairs**

Mailing Address 601 13th St NW

City  
WashingtonState  
DCZip Code  
20005-3805Purpose of Disbursement  
Strategic Consulting Services

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2015

Transaction ID : VNV499SJB8

Amount of Each Disbursement this Period

30000.00
----------

Full Name (Last, First, Middle Initial)

**C. Civitas Public Affairs**

Mailing Address 601 13th St NW

City  
WashingtonState  
DCZip Code  
20005-3805Purpose of Disbursement  
Strategic Consulting Services

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2015

Transaction ID : VNV499SJVC6

Amount of Each Disbursement this Period

15000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

45432.53
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 120

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Collective Conscience, LLC**Mailing Address 7254 Hollywood Blvd  
Apt 1

City Los Angeles State CA Zip Code 90046-3117

Purpose of Disbursement  
Communication Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2015

**Transaction ID : VNV499RXBW2**

Amount of Each Disbursement this Period

5000.00
---------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Collective Conscience, LLC**Mailing Address 7254 Hollywood Blvd  
Apt 1

City Los Angeles State CA Zip Code 90046-3117

Purpose of Disbursement  
Communication Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

**Transaction ID : VNV499S3274**

Amount of Each Disbursement this Period

11030.30
----------

Full Name (Last, First, Middle Initial)

**C. Collective Conscience, LLC**Mailing Address 7254 Hollywood Blvd  
Apt 1

City Los Angeles State CA Zip Code 90046-3117

Purpose of Disbursement  
Communication Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2015

**Transaction ID : VNV499S8WH9**

Amount of Each Disbursement this Period

5900.00
---------

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

21930.30
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Collective Conscience, LLC**Mailing Address 7254 Hollywood Blvd  
Apt 1

City Los Angeles State CA Zip Code 90046-3117

Purpose of Disbursement  
Communication Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	23	/	2015

Transaction ID : VNV499SJVE2

Amount of Each Disbursement this Period

5500.00
---------

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	08	/	2015

Transaction ID : VNV499SJS6

Amount of Each Disbursement this Period

179.60
--------

Full Name (Last, First, Middle Initial)

**C. Dentegra**

Mailing Address PO Box 1850

City Alpharetta State GA Zip Code 30023-1850

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VNV499SJVT4

Amount of Each Disbursement this Period

26.82
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Non-Contribution Account

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

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

5706.42
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Dentegra**

Mailing Address PO Box 1850

City	State	Zip Code
Alpharetta	GA	30023-1850

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Transaction ID : VNV499SJV2

Amount of Each Disbursement this Period

26.82
-------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Dentegra**

Mailing Address PO Box 1850

City	State	Zip Code
Alpharetta	GA	30023-1850

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2015

Transaction ID : VNV499SJVW0

Amount of Each Disbursement this Period

26.82
-------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Dentegra**

Mailing Address PO Box 1850

City	State	Zip Code
Alpharetta	GA	30023-1850

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : VNV499SJVX8

Amount of Each Disbursement this Period

26.82
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Non-Contribution Account

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

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

80.46
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 120

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Dentegra**

Mailing Address PO Box 1850

City	State	Zip Code
Alpharetta	GA	30023-1850

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2015

**Transaction ID : VNV499SJVY6**

Amount of Each Disbursement this Period

26.82
-------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Dentegra**

Mailing Address PO Box 1850

City	State	Zip Code
Alpharetta	GA	30023-1850

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : VNV499SJVZ4**

Amount of Each Disbursement this Period

26.82
-------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Ditto Consulting**Mailing Address 428 W 23rd St  
Apt 2B

City	State	Zip Code
New York	NY	10011-2142

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2015

**Transaction ID : VNV499RXBZ5**

Amount of Each Disbursement this Period

8000.00
---------

Non-Contribution Account

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

8053.64



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 120

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

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

NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Ditto Consulting**Mailing Address 428 W 23rd St  
Apt 2B

City New York State NY Zip Code 10011-2142

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

Transaction ID : VNV499RYX23

Amount of Each Disbursement this Period

528.12
--------

Full Name (Last, First, Middle Initial)

**B. Ditto Consulting**Mailing Address 428 W 23rd St  
Apt 2B

City New York State NY Zip Code 10011-2142

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2015

Transaction ID : VNV499RZDA0

Amount of Each Disbursement this Period

8000.00
---------

Full Name (Last, First, Middle Initial)

**C. Ditto Consulting**Mailing Address 428 W 23rd St  
Apt 2B

City New York State NY Zip Code 10011-2142

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : VNV499S23Q5

Amount of Each Disbursement this Period

8000.00
---------

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

16528.12
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TOTAL This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Ditto Consulting**Mailing Address 428 W 23rd St  
Apt 2B

City New York State NY Zip Code 10011-2142

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

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

Transaction ID : VNV499S7496

Amount of Each Disbursement this Period

9180.10
---------

Full Name (Last, First, Middle Initial)

**B. Ditto Consulting**Mailing Address 428 W 23rd St  
Apt 2B

City New York State NY Zip Code 10011-2142

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : VNV499SJW28

Amount of Each Disbursement this Period

9125.57
---------

Full Name (Last, First, Middle Initial)

**C. Ditto Consulting**Mailing Address 428 W 23rd St  
Apt 2B

City New York State NY Zip Code 10011-2142

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2015

Transaction ID : VNV499SJW35

Amount of Each Disbursement this Period

8499.89
---------

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

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

26805.56
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 75 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Expedia**Mailing Address 333 108th Ave NE  
Ste 300

City Bellevue State WA Zip Code 98004-5736

Purpose of Disbursement  
Travel

Candidate Name

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

Date of Disbursement

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

Transaction ID : VNV499SJW51

Amount of Each Disbursement this Period

369.92
--------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Expedia**Mailing Address 333 108th Ave NE  
Ste 300

City Bellevue State WA Zip Code 98004-5736

Purpose of Disbursement  
Travel

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2015

Transaction ID : VNV499SJW69

Amount of Each Disbursement this Period

216.94
--------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Expedia**Mailing Address 333 108th Ave NE  
Ste 300

City Bellevue State WA Zip Code 98004-5736

Purpose of Disbursement  
Travel

Candidate Name

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

Date of Disbursement

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

Transaction ID : VNV499SJW77

Amount of Each Disbursement this Period

436.35
--------

Non-Contribution Account

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

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

1023.21
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 76 OF 120

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Expedia**Mailing Address 333 108th Ave NE  
Ste 300

City Bellevue State WA Zip Code 98004-5736

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

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

**Transaction ID : VNV499SJW85**

Amount of Each Disbursement this Period

1171.21
---------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Expedia**Mailing Address 333 108th Ave NE  
Ste 300

City Bellevue State WA Zip Code 98004-5736

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2015

**Transaction ID : VNV499SJW93**

Amount of Each Disbursement this Period

653.88
--------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. First Data - Merchant Services**

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

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

**Transaction ID : VNV499SJWA1**

Amount of Each Disbursement this Period

561.47
--------

Non-Contribution Account

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

2386.56

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. First Data - Merchant Services**

Mailing Address 1 Western Maryland Pkwy

City  
HagerstownState  
MDZip Code  
21740-5146Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

Transaction ID : VNV499SJWB9

Amount of Each Disbursement this Period

1159.32
---------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. First Data - Merchant Services**

Mailing Address 1 Western Maryland Pkwy

City  
HagerstownState  
MDZip Code  
21740-5146Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VNV499SJWC7

Amount of Each Disbursement this Period

730.20
--------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. First Data - Merchant Services**

Mailing Address 1 Western Maryland Pkwy

City  
HagerstownState  
MDZip Code  
21740-5146Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : VNV499SJWD4

Amount of Each Disbursement this Period

1023.09
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Non-Contribution Account

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

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

2912.61
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. First Data - Merchant Services**

Mailing Address 1 Western Maryland Pkwy

City  
HagerstownState  
MDZip Code  
21740-5146Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2015

Transaction ID : VNV499SJWE2

Amount of Each Disbursement this Period

609.38
--------

Full Name (Last, First, Middle Initial)

**B. Gay & Lesbian Victory Fund**Mailing Address 1133 15th St NW  
Ste 350City  
WashingtonState  
DCZip Code  
20005-2722Purpose of Disbursement  
Event Tickets

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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

Transaction ID : VNV499S8WJ7

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Michael Gilmore**Mailing Address 2301 Fairview Ave E  
Unit 312City  
SeattleState  
WAZip Code  
98102-6535Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : VNV499SJX70

Amount of Each Disbursement this Period

7203.64
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SUBTOTAL of Disbursements This Page (optional).....▶

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

12813.02
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Google**

Mailing Address 1600 Amphitheatre Pkwy

City	State	Zip Code
Mountain View	CA	94043-1351

Purpose of Disbursement  
Software

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2015

Transaction ID : VNV499SJWM0

Amount of Each Disbursement this Period

26.92
-------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Google**

Mailing Address 1600 Amphitheatre Pkwy

City	State	Zip Code
Mountain View	CA	94043-1351

Purpose of Disbursement  
Software

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : VNV499SJWN8

Amount of Each Disbursement this Period

26.92
-------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Google**

Mailing Address 1600 Amphitheatre Pkwy

City	State	Zip Code
Mountain View	CA	94043-1351

Purpose of Disbursement  
Software

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2015

Transaction ID : VNV499SJWP6

Amount of Each Disbursement this Period

26.92
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Non-Contribution Account

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

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

80.76
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Google**

Mailing Address 1600 Amphitheatre Pkwy

City	State	Zip Code
Mountain View	CA	94043-1351

Purpose of Disbursement  
Software

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : VNV499SJWQ3

Amount of Each Disbursement this Period

26.92
-------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Harmon, Curran, Spielberg & Eisenberg, LLC**Mailing Address 1726 M St NW  
Ste 600

City	State	Zip Code
Washington	DC	20036-4523

Purpose of Disbursement  
Legal Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2015

Transaction ID : VNV499RXBX0

Amount of Each Disbursement this Period

2484.83
---------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Harmon, Curran, Spielberg & Eisenberg, LLC**Mailing Address 1726 M St NW  
Ste 600

City	State	Zip Code
Washington	DC	20036-4523

Purpose of Disbursement  
Legal Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : VNV499S23M1

Amount of Each Disbursement this Period

64.26
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SUBTOTAL of Disbursements This Page (optional).....▶

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

2576.01

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Harmon, Curran, Spielberg & Eisenberg, LLC**

Date of Disbursement

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

Mailing Address 1726 M St NW  
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement  
Legal Fees

Candidate Name

Category/  
Type

Transaction ID : VNV499S23N9

Amount of Each Disbursement this Period

2689.74

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

Full Name (Last, First, Middle Initial)

**B. Harmon, Curran, Spielberg & Eisenberg, LLC**

Date of Disbursement

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

Mailing Address 1726 M St NW  
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement  
Legal Fees

Candidate Name

Category/  
Type

Transaction ID : VNV499S70S3

Amount of Each Disbursement this Period

1179.96

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

Full Name (Last, First, Middle Initial)

**C. Harmon, Curran, Spielberg & Eisenberg, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Mailing Address 1726 M St NW  
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement  
Legal Fees

Candidate Name

Category/  
Type

Transaction ID : VNV499S81F4

Amount of Each Disbursement this Period

1746.05

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

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

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

5615.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 120

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Harmon, Curran, Spielberg & Eisenberg, LLC**

Date of Disbursement

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

Mailing Address 1726 M St NW  
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement  
Legal Fees

Candidate Name

Category/  
Type**Transaction ID : VNV499SBM52**

Amount of Each Disbursement this Period

306.00
--------

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

Full Name (Last, First, Middle Initial)

**B. Harmon, Curran, Spielberg & Eisenberg, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2015

Mailing Address 1726 M St NW  
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement  
Legal Fees

Candidate Name

Category/  
Type**Transaction ID : VNV499SJWY9**

Amount of Each Disbursement this Period

1294.34
---------

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

Full Name (Last, First, Middle Initial)

**C. Heritage House**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2015

Mailing Address 7 Center St

City Provincetown State MA Zip Code 02657-2309

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type**Transaction ID : VNV499SJWZ7**

Amount of Each Disbursement this Period

814.45
--------

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

Non-Contribution Account

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

2414.79
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

Category/  
Type

500.00

State:  District:

M M / D D / Y Y Y Y  
12 18 2015

Category/  
Type

750.00

State:  District:

Category/  
Type

Age Group	Percentage
18-24	25.00
25-34	20.00
35-44	15.00
45-54	10.00
55-64	5.00
65-74	3.00
75-84	2.00
85+	1.00

State:  District:

2250.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Mindset**Mailing Address 1220 N Fillmore St  
Ste 400

City Arlington State VA Zip Code 22201-6501

Purpose of Disbursement  
Consulting: Fundraising Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

Transaction ID : VNV499S4G88

Amount of Each Disbursement this Period

6000.00
---------

Full Name (Last, First, Middle Initial)

**B. Mindset**Mailing Address 1220 N Fillmore St  
Ste 400

City Arlington State VA Zip Code 22201-6501

Purpose of Disbursement  
Consulting: Fundraising Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2015

Transaction ID : VNV499RZDC6

Amount of Each Disbursement this Period

6000.00
---------

Full Name (Last, First, Middle Initial)

**C. Mindset**Mailing Address 1220 N Fillmore St  
Ste 400

City Arlington State VA Zip Code 22201-6501

Purpose of Disbursement  
Consulting: Fundraising Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2015

Transaction ID : VNV499S0Y47

Amount of Each Disbursement this Period

6000.00
---------

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

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

18000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. New York Times**

Mailing Address 620 8th Ave

City	State	Zip Code
New York	NY	10018-1618

Purpose of Disbursement  
Subscription

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2015

Transaction ID : VNV499SJXC9

Amount of Each Disbursement this Period

37.01
-------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. New York Times**

Mailing Address 620 8th Ave

City	State	Zip Code
New York	NY	10018-1618

Purpose of Disbursement  
Subscription

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Transaction ID : VNV499SJXD7

Amount of Each Disbursement this Period

37.01
-------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. New York Times**

Mailing Address 620 8th Ave

City	State	Zip Code
New York	NY	10018-1618

Purpose of Disbursement  
Subscription

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : VNV499SJXE5

Amount of Each Disbursement this Period

37.01
-------

Non-Contribution Account

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

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

111.03



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. New York Times**

Mailing Address 620 8th Ave

City	State	Zip Code
New York	NY	10018-1618

Purpose of Disbursement  
Subscription

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : VNV499SJXF3

Amount of Each Disbursement this Period

37.01
-------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. New York Times**

Mailing Address 620 8th Ave

City	State	Zip Code
New York	NY	10018-1618

Purpose of Disbursement  
Subscription

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2015

Transaction ID : VNV499SJXG1

Amount of Each Disbursement this Period

37.01
-------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. NGP VAN**Mailing Address 1101 15th St NW  
Ste 500

City	State	Zip Code
Washington	DC	20005-5006

Purpose of Disbursement  
Software

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2015

Transaction ID : VNV499RXB18

Amount of Each Disbursement this Period

1050.00
---------

Non-Contribution Account

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

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

1124.02

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 120

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. NGP VAN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Software

Candidate Name

Category/  
Type**Transaction ID : VNV499SJXH9**

Amount of Each Disbursement this Period

150.00
--------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. NGP VAN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Software

Candidate Name

Category/  
Type**Transaction ID : VNV499SJXJ7**

Amount of Each Disbursement this Period

150.00
--------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. NGP VAN**

Date of Disbursement

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

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Software

Candidate Name

Category/  
Type**Transaction ID : VNV499SCTV4**

Amount of Each Disbursement this Period

1050.00
---------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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

1350.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

### A. Olive Street Design

Mailing Address 264 E Kenilworth Ave

City	State	Zip Code
Villa Park	IL	60181-5502

### Purpose of Disbursement Website Services

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : VNV499SJXR4

Amount of Each Disbursement this Period

7567.00

Full Name (Last, First, Middle Initial)

### B. Olive Street Design

Mailing Address 264 E Kenilworth Ave

City	State	Zip Code
Villa Park	IL	60181-5502

### Purpose of Disbursement Website Services

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

09 / 08 / 2015

Transaction ID : VNV499S0Y39

Amount of Each Disbursement this Period

1020.00

Full Name (Last, First, Middle Initial)

### C. Olive Street Design

Mailing Address 264 E Kenilworth Ave

City	State	Zip Code
Villa Park	IL	60181-5502

### Purpose of Disbursement Website Services

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VNV499S81G2

Amount of Each Disbursement this Period

Age Group	Number of people
13-17	10
18-24	15
25-34	20
35-44	25
45-54	30
55-64	35
65-74	40
75-84	45
85+	50

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

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

8747.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

### A. Olive Street Design

Mailing Address 264 E Kenilworth Ave

City	State	Zip Code
Villa Park	IL	60181-5502

### Purpose of Disbursement Website Services

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VNV499S8YJ0

Amount of Each Disbursement this Period

Percentage of people who have been vaccinated against COVID-19

Country	Percentage of people who have been vaccinated against COVID-19
United States	149.50

Full Name (Last, First, Middle Initial)

### B. Olive Street Design

Mailing Address 264 E Kenilworth Ave

City	State	Zip Code
Villa Park	IL	60181-5502

### Purpose of Disbursement Website Services

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VNV499SJXQ6

Amount of Each Disbursement this Period

143.00

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

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : VNV499SJXX4

Amount of Each Disbursement this Period

85.56

Non-Contribution Account

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

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

378.06

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 93 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2015

Transaction ID : VNV499SJXY2

Amount of Each Disbursement this Period

2123.46
---------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2015

Transaction ID : VNV499SJXZ9

Amount of Each Disbursement this Period

105.13
--------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2015

Transaction ID : VNV499SJY07

Amount of Each Disbursement this Period

2123.45
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Non-Contribution Account

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

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

4352.04

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 94 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : VNV499SJY15

Amount of Each Disbursement this Period

2123.46
---------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : VNV499SJY23

Amount of Each Disbursement this Period

85.56
-------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2015

Transaction ID : VNV499SJY31

Amount of Each Disbursement this Period

110.56
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Non-Contribution Account

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

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

2319.58
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 95 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2015

Transaction ID : VNV499SJY49

Amount of Each Disbursement this Period

2123.46
---------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2015

Transaction ID : VNV499SJY57

Amount of Each Disbursement this Period

2123.45
---------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2015

Transaction ID : VNV499SJY65

Amount of Each Disbursement this Period

85.56
-------

Non-Contribution Account

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

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

4332.47

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 96 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : VNV499SJY73

Amount of Each Disbursement this Period

116.84
--------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : VNV499SJY81

Amount of Each Disbursement this Period

2123.46
---------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : VNV499SJY98

Amount of Each Disbursement this Period

2123.46
---------

Non-Contribution Account

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

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

4363.76



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 97 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : VNV499SJYA6

Amount of Each Disbursement this Period

91.84
-------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : VNV499SJYB4

Amount of Each Disbursement this Period

111.41
--------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : VNV499SJYC2

Amount of Each Disbursement this Period

2123.45
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Non-Contribution Account

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

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

2326.70
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 99 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : VNV499SJYG4

Amount of Each Disbursement this Period

2123.47
---------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : VNV499SJYH2

Amount of Each Disbursement this Period

2123.47
---------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : VNV499SJYJ0

Amount of Each Disbursement this Period

91.84
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Non-Contribution Account

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

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

4338.78



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 911 Panorama Trl S

City	State	Zip Code
Rochester	NY	14625-2311

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : VNV499SJYP1

Amount of Each Disbursement this Period

91.84
-------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. PCMS, LLC**Mailing Address 1050 17th St NW  
Ste 590

City	State	Zip Code
Washington	DC	20036-5592

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : VNV499RYWN1

Amount of Each Disbursement this Period

1224.03
---------

Full Name (Last, First, Middle Initial)

**C. PCMS, LLC**Mailing Address 1050 17th St NW  
Ste 590

City	State	Zip Code
Washington	DC	20036-5592

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2015

Transaction ID : VNV499RZDD4

Amount of Each Disbursement this Period

2767.36
---------

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

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

4083.23

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 102 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. PCMS, LLC**Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2015

Transaction ID : VNV499S0Y13

Amount of Each Disbursement this Period

1294.41
---------

Full Name (Last, First, Middle Initial)

**B. PCMS, LLC**Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VNV499S70N2

Amount of Each Disbursement this Period

1393.42
---------

Full Name (Last, First, Middle Initial)

**C. PCMS, LLC**Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VNV499S70P0

Amount of Each Disbursement this Period

73.34
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SUBTOTAL of Disbursements This Page (optional).....▶

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

2761.17
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 120

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. PCMS, LLC**Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement  
Accounting Services

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

**Transaction ID : VNV499S8YH2**

Amount of Each Disbursement this Period

1400.51
---------

Full Name (Last, First, Middle Initial)

**B. PCMS, LLC**Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement  
Accounting Services

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2015

**Transaction ID : VNV499SJYQ9**

Amount of Each Disbursement this Period

1308.43
---------

Full Name (Last, First, Middle Initial)

**C. Tina Podlodowski**

Mailing Address 1620 7th Ave W

City Seattle State WA Zip Code 98119-2919

Purpose of Disbursement  
In-kind Catering

Candidate Name

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

Date of Disbursement

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

**Transaction ID : VNV499SK3W9**

Amount of Each Disbursement this Period

2268.13
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4977.07
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 OF 120

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Practice Makes Progress**Mailing Address 1875 Connecticut Ave NW  
FI 10

City Washington State DC Zip Code 20009-5728

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

**Transaction ID : VNV499S8YZ2**

Amount of Each Disbursement this Period

1256.25
---------

Full Name (Last, First, Middle Initial)

**B. Practice Makes Progress**Mailing Address 1875 Connecticut Ave NW  
FI 10

City Washington State DC Zip Code 20009-5728

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2015

**Transaction ID : VNV499SJYR5**

Amount of Each Disbursement this Period

2381.25
---------

Full Name (Last, First, Middle Initial)

**C. Preferred Insurance Services Inc**Mailing Address 26 Fairfax St SE  
Ste G

City Leesburg State VA Zip Code 20175-3621

Purpose of Disbursement  
Insurance Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : VNV499S0Y06**

Amount of Each Disbursement this Period

3441.75
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7079.25
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

### A. Pritchett for Auditor

Mailing Address PO Box 16425

City	State	Zip Code
Jackson	MS	39236-6425

Purpose of Disbursement	Contribution
1. To provide for the maintenance and repair of the building	10%
2. To provide for the maintenance and repair of the furniture and fixtures	10%
3. To provide for the maintenance and repair of the equipment	10%
4. To provide for the maintenance and repair of the vehicles	10%
5. To provide for the maintenance and repair of the other assets	10%
6. To provide for the maintenance and repair of the land	10%
7. To provide for the maintenance and repair of the other assets	10%
8. To provide for the maintenance and repair of the other assets	10%
9. To provide for the maintenance and repair of the other assets	10%
10. To provide for the maintenance and repair of the other assets	10%

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2016

☐ Primary ☒ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VNV499S23P7

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### B. Alix L Ritchie

Mailing Address PO Box 30220

City	State	Zip Code
Fort Lauderdale	FL	33303-0220

Purpose of Disbursement	In-kind Printing advertising
-------------------------	------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

07 / 02 / 2015

Transaction ID : VNV499SK3X6

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### C. Sage Inn

Mailing Address 725 Cerrillos Rd

City	State	Zip Code
Santa Fe	NM	87505-3029

Purpose of Disbursement	
Site rental	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VNV499SJYW7

Amount of Each Disbursement this Period

500.00

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

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

2524.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

### A. Sage Inn

Mailing Address 725 Cerrillos Rd

City	State	Zip Code
Santa Fe	NM	87505-3029

Purpose of Disbursement
Site rental

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : VNV499SJYX4

Amount of Each Disbursement this Period

567.53

Full Name (Last, First, Middle Initial)

### B. Elizabeth Shipp

Mailing Address 1607 26th St S  
Apt 2

City	State	Zip Code
Arlington	VA	22206-2966

Purpose of Disbursement	Payroll

Candidate Name	Score
John Doe	85
Jane Smith	78
Michael Johnson	92
Sarah Williams	88
David Brown	75
Emily Davis	82
James Wilson	79
Alice Taylor	86
Robert Miller	77
Olivia Moore	83
William Clark	76
Isabella Hall	81
Benjamin King	74
Mia Green	87
Ethan White	73
Ava Black	84
Noah Gray	72
Sophia Blue	89
Liam Red	71
Charlotte Yellow	80
Lucas Purple	70
Amelia Pink	86
Isaac Brown	75
Evelyn Green	82
Samuel White	78
Madison Black	85
Benjamin Gray	74
Abigail Blue	81
Henry Red	76
Victoria Yellow	83
Julian Purple	72
Stella Pink	87
Leo Brown	73
Chloe White	84
Isaac Green	71
Grace Blue	89
Samuel Red	70
Madison Yellow	80
Benjamin Purple	75
Abigail Pink	86
Henry Brown	74
Victoria White	82
Julian Black	78
Stella Gray	85
Leo Blue	72
Chloe Red	83
Isaac Yellow	71
Grace Purple	87
Samuel Pink	73
Madison Brown	84
Benjamin White	76
Abigail Black	81
Henry Green	70
Victoria Blue	88
Julian Red	72
Stella Yellow	80
Leo Purple	74
Chloe Pink	86
Isaac Brown	75
Grace White	82
Samuel Black	78
Madison Gray	85
Benjamin Blue	72
Abigail Red	83
Henry Yellow	71
Victoria Purple	87
Julian Pink	73
Stella Brown	84
Leo White	76
Chloe Black	81
Isaac Green	70
Grace Blue	88
Samuel Red	72
Madison Yellow	80
Benjamin Purple	74
Abigail Pink	86
Henry Brown	75
Victoria White	82
Julian Black	78
Stella Gray	85
Leo Blue	72
Chloe Red	83
Isaac Yellow	71
Grace Purple	87
Samuel Pink	73
Madison Brown	84
Benjamin White	76
Abigail Black	81
Henry Green	70
Victoria Blue	88
Julian Red	72
Stella Yellow	80
Leo Purple	74
Chloe Pink	86
Isaac Brown	75
Grace White	82
Samuel Black	78
Madison Gray	85
Benjamin Blue	72
Abigail Red	83
Henry Yellow	71
Victoria Purple	87
Julian Pink	73
Stella Brown	84
Leo White	76
Chloe Black	81
Isaac Green	70
Grace Blue	88
Samuel Red	72
Madison Yellow	80
Benjamin Purple	74
Abigail Pink	86
Henry Brown	75
Victoria White	82
Julian Black	78
Stella Gray	85
Leo Blue	72
Chloe Red	83
Isaac Yellow	71
Grace Purple	87
Samuel Pink	73
Madison Brown	84
Benjamin White	76
Abigail Black	81
Henry Green	70
Victoria Blue	88
Julian Red	72
Stella Yellow	80
Leo Purple	74
Chloe Pink	86
Isaac Brown	75
Grace White	82
Samuel Black	78
Madison Gray	85
Benjamin Blue	72
Abigail Red	83
Henry Yellow	71
Victoria Purple	87
Julian Pink	73
Stella Brown	84
Leo White	76
Chloe Black	81
Isaac Green	70
Grace Blue	88
Samuel Red	72
Madison Yellow	80
Benjamin Purple	74
Abigail Pink	86
Henry Brown	75
Victoria White	82
Julian Black	78
Stella Gray	85
Leo Blue	72
Chloe Red	83
Isaac Yellow	71
Grace Purple	87
Samuel Pink	73
Madison Brown	84
Benjamin White	76
Abigail Black	81
Henry Green	70
Victoria Blue	88
Julian Red	72
Stella Yellow	80
Leo Purple	74
Chloe Pink	86
Isaac Brown	75
Grace White	82
Samuel Black	78
Madison Gray	85
Benjamin Blue	72
Abigail Red	83

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) ▼		

Date of Disbursement

07 / 01 / 2015

Transaction ID : VNV499SK2V8

Amount of Each Disbursement this Period

3483.31

Full Name (Last, First, Middle Initial)

### C. Elizabeth Shipp

Mailing Address 1607 26th St S  
Apt 2

City	State	Zip Code
Arlington	VA	22206-2966

Purpose of Disbursement	Travel Reimbursements see below if itemized
-------------------------	---

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : VNV499RXBJ3

Amount of Each Disbursement this Period

186.69

### Non-Contribution Account

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

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

4237.53

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 107 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. New York Times**

Mailing Address 620 8th Ave

City	State	Zip Code
New York	NY	10018-1618

Purpose of Disbursement  
Subscription

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2015

Transaction ID : VNV499RXBM9

Amount of Each Disbursement this Period

84.13
-------

**[MEMO ITEM]**

\* Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Uber Technologies**Mailing Address 182 Howard St  
Ste 8

City	State	Zip Code
San Francisco	CA	94105-1611

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2015

Transaction ID : VNV499RXBK1

Amount of Each Disbursement this Period

14.37
-------

**[MEMO ITEM]**

\* Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Elizabeth Shipp**Mailing Address 1607 26th St S  
Apt 2

City	State	Zip Code
Arlington	VA	22206-2966

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2015

Transaction ID : VNV499SJTH2

Amount of Each Disbursement this Period

3483.32
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SUBTOTAL of Disbursements This Page (optional).....▶

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

3483.32
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 120

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Shipp**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

Mailing Address 1607 26th St S  
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type**Transaction ID : VNV499SJTJ0**

Amount of Each Disbursement this Period

3483.31

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

Full Name (Last, First, Middle Initial)

**B. Elizabeth Shipp**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Mailing Address 1607 26th St S  
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement  
Travel reimbursement, see below if itemized

Candidate Name

Category/  
Type**Transaction ID : VNV499S4FX3**

Amount of Each Disbursement this Period

750.29

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

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Mailing Address 4333 Amon Carter Blvd  
# MD5675

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type**Transaction ID : VNV499S4FY1**

Amount of Each Disbursement this Period

483.70

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼**[MEMO ITEM]**

\*

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

4233.60
---------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 120

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. American Airlines**Mailing Address 4333 Amon Carter Blvd  
# MD5675

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2015

**Transaction ID : VNV499S4G72**

Amount of Each Disbursement this Period

28.00
-------

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Orbitz**

Mailing Address 500 W Madison St

City Chicago State IL Zip Code 60661-2559

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2015

**Transaction ID : VNV499S4FZ9**

Amount of Each Disbursement this Period

13.98
-------

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**C. Elizabeth Shipp**Mailing Address 1607 26th St S  
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		14		2015

**Transaction ID : VNV499SJTK8**

Amount of Each Disbursement this Period

3483.31
---------

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

3483.31

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 110 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Elizabeth Shipp**Mailing Address 1607 26th St S  
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement  
Payroll

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2015

Transaction ID : VNV499SJTN4

Amount of Each Disbursement this Period

3483.32
---------

Full Name (Last, First, Middle Initial)

**B. Elizabeth Shipp**Mailing Address 1607 26th St S  
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement  
Travel reimbursement, see below if itemized

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2015

Transaction ID : VNV499S10T5

Amount of Each Disbursement this Period

572.77
--------

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement  
Travel

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2015

Transaction ID : VNV499S10W0

Amount of Each Disbursement this Period

410.60
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[MEMO ITEM]

\*

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

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

4056.09
---------

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

### A. Orbitz

Mailing Address 500 W Madison St

City	State	Zip Code
Chicago	IL	60661-2559

Purpose of Disbursement	Travel

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VNV499S10Z4

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

## B. Elizabeth Shipp

Mailing Address 1607 26th St S  
Apt 2

City	State	Zip Code
Arlington	VA	22206-2966

Purpose of Disbursement	Payroll

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VNV499SK2W6

Amount of Each Disbursement this Period

3483.31

Full Name (Last, First, Middle Initial)

### C. Elizabeth Shipp

Mailing Address 1607 26th St S  
Apt 2

City	State	Zip Code
Arlington	VA	22206-2966

Purpose of Disbursement	Payroll

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VNV499SK2X4

Amount of Each Disbursement this Period

3483.31

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

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

6966.62

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 112 OF 120

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Shipp**Mailing Address 1607 26th St S  
Apt 2City State Zip Code  
Arlington VA 22206-2966Purpose of Disbursement  
Expense Reimbursement see below if itemized

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2015

**Transaction ID : VNV499S7006**

Amount of Each Disbursement this Period

154.27
--------

Full Name (Last, First, Middle Initial)

**B. Elizabeth Shipp**Mailing Address 1607 26th St S  
Apt 2City State Zip Code  
Arlington VA 22206-2966Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : VNV499SJTP2**

Amount of Each Disbursement this Period

3483.32
---------

Full Name (Last, First, Middle Initial)

**C. Elizabeth Shipp**Mailing Address 1607 26th St S  
Apt 2City State Zip Code  
Arlington VA 22206-2966Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : VNV499SK2Y2**

Amount of Each Disbursement this Period

3483.31
---------

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

7120.90



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 113 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Elizabeth Shipp**Mailing Address 1607 26th St S  
Apt 2City State Zip Code  
Arlington VA 22206-2966Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2015

Transaction ID : VNV499SK2Z9

Amount of Each Disbursement this Period

3483.32
---------

Full Name (Last, First, Middle Initial)

**B. Elizabeth Shipp**Mailing Address 1607 26th St S  
Apt 2City State Zip Code  
Arlington VA 22206-2966Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : VNV499SK307

Amount of Each Disbursement this Period

3483.30
---------

Full Name (Last, First, Middle Initial)

**C. Elizabeth Shipp**Mailing Address 1607 26th St S  
Apt 2City State Zip Code  
Arlington VA 22206-2966Purpose of Disbursement  
Travel Reimbursement, see below if itemized

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2015

Transaction ID : VNV499SK331

Amount of Each Disbursement this Period

633.04
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

7599.66
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 114 OF 120

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Southwest Airlines**

Mailing Address 2702 Love Field Dr

City	State	Zip Code
Dallas	TX	75235-1908

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2015

**Transaction ID : VNV499SK3Q9**

Amount of Each Disbursement this Period

285.00
--------

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Elizabeth Shipp**Mailing Address 1607 26th St S  
Apt 2

City	State	Zip Code
Arlington	VA	22206-2966

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2015

**Transaction ID : VNV499SK315**

Amount of Each Disbursement this Period

3483.31
---------

Full Name (Last, First, Middle Initial)

**C. Elizabeth Shipp**Mailing Address 1607 26th St S  
Apt 2

City	State	Zip Code
Arlington	VA	22206-2966

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

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

**Transaction ID : VNV499SK323**

Amount of Each Disbursement this Period

3483.32
---------

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

6966.63

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 115 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. SkipJack**

Mailing Address 8500 Governors Hill Dr

City	State	Zip Code
Symmes Twp	OH	45249-1384

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : VNV499SJYY2

Amount of Each Disbursement this Period

1185.62
---------

Full Name (Last, First, Middle Initial)

**B. SkipJack**

Mailing Address 8500 Governors Hill Dr

City	State	Zip Code
Symmes Twp	OH	45249-1384

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : VNV499SJYZ0

Amount of Each Disbursement this Period

1185.62
---------

Full Name (Last, First, Middle Initial)

**C. SkipJack**

Mailing Address 8500 Governors Hill Dr

City	State	Zip Code
Symmes Twp	OH	45249-1384

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2015

Transaction ID : VNV499SJZ08

Amount of Each Disbursement this Period

1185.62
---------

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

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

3556.86

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 120

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

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Sonoma**

Mailing Address 223 Pennsylvania Ave SE

City  
WashingtonState  
DCZip Code  
20003-1107Purpose of Disbursement  
Catering

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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

**Transaction ID : VNV499SK3R7**

Amount of Each Disbursement this Period

5855.66
---------

Full Name (Last, First, Middle Initial)

**B. Staples Inc.**

Mailing Address 500 Staples Dr

City  
FraminghamState  
MAZip Code  
01702-4478Purpose of Disbursement  
Office Supplies

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2015

**Transaction ID : VNV499SJZ16**

Amount of Each Disbursement this Period

51.93
-------

Full Name (Last, First, Middle Initial)

**C. Staples Inc.**

Mailing Address 500 Staples Dr

City  
FraminghamState  
MAZip Code  
01702-4478Purpose of Disbursement  
Office Supplies

Candidate Name

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

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

**Transaction ID : VNV499SJZ24**

Amount of Each Disbursement this Period

10.95
-------

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

5918.54
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 120

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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Staples Inc.**

Mailing Address 500 Staples Dr

City	State	Zip Code
Framingham	MA	01702-4478

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : VNV499SJZ32

Amount of Each Disbursement this Period

9.53
------

Full Name (Last, First, Middle Initial)

**B. Town Hall Foundation Inc**

Mailing Address 123 W 43rd St

City	State	Zip Code
New York	NY	10036-6507

Purpose of Disbursement  
Site Rental

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : VNV499RZD92

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**C. Tropicana**

Mailing Address 2831 Boardwalk

City	State	Zip Code
Atlantic City	NJ	08401-6338

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : VNV499SJZE9

Amount of Each Disbursement this Period

95.20
-------

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

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

4104.73

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

### A. Tropicana

Mailing Address 2831 Boardwalk

City	State	Zip Code
Atlantic City	NJ	08401-6338

Purpose of Disbursement	Lodging

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VNV499SJZF7

Amount of Each Disbursement this Period

313.93

Full Name (Last, First, Middle Initial)

## B. Uber Technologies

Mailing Address 182 Howard St  
Ste 8

City	State	Zip Code
San Francisco	CA	94105-1611

Purpose of Disbursement
Travel

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y  
08 06 2015

Transaction ID : VNV499SJZH2

Amount of Each Disbursement this Period

12.46

Full Name (Last, First, Middle Initial)

### C. Uber Technologies

Mailing Address 182 Howard St  
Ste 8

City	State	Zip Code
San Francisco	CA	94105-1611

Purpose of Disbursement	Travel

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VNV499SJZJ0

Amount of Each Disbursement this Period

5.93

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

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

332.32

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

Category/  
Type

Age Group	Percentage
18-24	~10.00
25-34	~15.00
35-44	~18.00
45-54	~22.00
55-64	~25.00
65-74	46.90
75-84	~10.00
85+	~5.00

State:  District:

Category/  
Type

103.40

State:  District:

Category/  
Type

84.67

State:  District:

234.97

\_\_\_\_\_

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

L PAC

Category/  
Type

13.76

State:  District:

08 / 14 / 2015

Category/  
Type

518.00

State:  District:

Category/  
Type

State:  District:

Age Group	Percentage
18-24	~10%
25-34	~15%
35-44	~20%
45-54	~25%
55-64	531.76
65-74	~10%
75-84	~5%
85+	~2%

386323.54